

**HEALTH INSURANCE OPTIONS/RATES  
2011/2012 SCHOOL YEAR**

**SUPERINTENDENT  
Active Employees  
Single: 80% Family: 80%**

<b>Plan</b>	<b>BC/BS Alt PPO</b>	<b>MVP</b>	<b>BC/BS HMO</b>
Office Copay	\$15 In Network 70% UCR Out of Network	\$20	\$20
Deductible	\$300/\$750	N/A	N/A
Prescription	\$5/\$20	\$5/\$20/\$40	\$10/\$20/\$30
Hospitalization	100%	\$240 Co-pay	\$250 Co-pay
<b>Premiums</b>			
<b>Single</b>			
Monthly Premium	\$707.70	\$628.69	\$883.47
District Share	\$566.16	\$502.95	\$706.78
Employee Share	\$141.54	\$125.74	\$176.69
Bi-weekly Deduction	\$70.77	\$62.87	\$88.35
<b>Two Person</b>			
Monthly Premium	N/A	N/A	\$1,722.76
District Share	N/A	N/A	\$1,378.21
Employee Share	N/A	N/A	\$344.55
Bi-weekly Deduction	N/A	N/A	\$172.28
<b>Family</b>			
Monthly Premium	\$1,578.18	\$1,571.74	\$2,562.07
District Share	\$1,262.54	\$1,257.39	\$2,049.66
Employee Share	\$315.64	\$314.35	\$512.41
Bi-weekly Deduction	\$157.82	\$157.18	\$256.21