

## INSURANCE RATES: EMPLOYEE-PAID PREMIUMS

### Rates effective Dec. 2019 - Nov. 2020, for January - December, 2020 Coverage

Eleven monthly medical insurance premiums are deducted from your paycheck during the months of August through June, as negotiated by each bargaining unit. If you are part-time and choose to pay for dependent coverage, premiums are also deducted in eleven monthly payments August through June. To determine your benefit eligibility, refer to the eligibility chart in Enrollment Guide. Governing Board and Personnel Commission pay the CVAA rates. Retired employees pay the rate corresponding to their position at the time of retirement. Rates are shown below by bargaining unit. COBRA rates are shown on the next page.

	Full Time Employee Co-Premium (11 monthly payments)			Part Time Employee Co-Premium (11 monthly payments)															
	Employee Only (Individual)	Employee Plus One Dependent or Spouse (2-party)	Employee Plus 2 or More (Family)	Employee Only (11 monthly payments)	Additional Amount For Dependents (11 monthly payments) 1 dependent      2 + dependents <i>(Pay this in addition to employee amount if covering spouse and/or children.)</i>														
<b>Cajon Valley Education Assn. CVEA</b>																			
Kaiser 10/20 HMO	\$168.27	\$331.91	\$467.73	\$168.27	\$654.55	\$1,197.82													
UHC Performance HMO (Network 1)	\$297.00	\$574.09	\$800.45	\$297.00	\$768.00	\$1,401.82													
UHC Performance HMO (Network 2)	\$581.73	\$1,139.18	\$1,596.82	\$581.73	\$1,048.36	\$1,913.45													
UHC Alliance HMO 20/30	\$312.27	\$593.73	\$821.18	\$312.27	\$772.36	\$1,407.27													
UHC Signature Value Alliance \$1200	\$337.36	\$587.18	\$800.45	\$337.36	\$740.73	\$1,361.45													
UHC PPO Nexus ACO Select 80/50	\$1,162.09	\$2,282.45	\$3,191.73	\$1,162.09	\$1,611.27	\$2,928.00													
UHC Journey Harmony	\$172.64	\$329.73	\$449.18	\$172.64	\$648.00	\$1,174.91													
SIMNSA HMO ( <i>Mexico plan. Must meet plan requirements to enroll</i> )	\$65.73	\$114.82	\$169.09	\$65.73	\$196.36	\$413.45													
Delta Dental PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$75.65	\$99.11													
DeltaCare USA	\$0.00	\$0.00	\$0.00	\$0.00	\$12.01	\$24.76													
<b>Cajon Valley Supervisors Assn. CVSA</b>																			
Kaiser 10/20 HMO	\$367.04	\$591.20	\$678.20	No Part Time Employees															
UHC Performance HMO (Network 1)	\$495.76	\$833.38	\$1,010.93																
UHC Performance HMO (Network 2)	\$780.49	\$1,398.47	\$1,807.30																
UHC Alliance HMO 20/30	\$511.04	\$853.01	\$1,031.66																
UHC Journey Harmony	\$371.40	\$589.01	\$659.66																
UHC Journey Alliance	\$403.04	\$633.74	\$731.66																
SIMNSA HMO ( <i>Mexico plan. Must meet plan requirements to enroll</i> )	\$189.62	\$223.17	\$262.59																
Delta Dental PPO	\$0.00	\$0.00	\$0.00																
DeltaCare USA	\$0.00	\$0.00	\$0.00																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Full Time Employee Co-Premium (11 monthly payments)</th> <th colspan="3">Part Time Employee Co-Premium (11 monthly payments)</th> </tr> <tr> <th>Employee Only (Individual)</th> <th>Employee Plus One Dependent or Spouse (2-party)</th> <th>Employee Plus 2 or More (Family)</th> <th>Employee Only (11 monthly payments)</th> <th colspan="2">Additional Amount For Dependents (11 monthly payments) 1 dependent      2 + dependents <i>(Pay this in addition to employee amount if covering spouse and/or children.)</i></th> </tr> </thead> </table>								Full Time Employee Co-Premium (11 monthly payments)			Part Time Employee Co-Premium (11 monthly payments)			Employee Only (Individual)	Employee Plus One Dependent or Spouse (2-party)	Employee Plus 2 or More (Family)	Employee Only (11 monthly payments)	Additional Amount For Dependents (11 monthly payments) 1 dependent      2 + dependents <i>(Pay this in addition to employee amount if covering spouse and/or children.)</i>	
	Full Time Employee Co-Premium (11 monthly payments)			Part Time Employee Co-Premium (11 monthly payments)															
	Employee Only (Individual)	Employee Plus One Dependent or Spouse (2-party)	Employee Plus 2 or More (Family)	Employee Only (11 monthly payments)	Additional Amount For Dependents (11 monthly payments) 1 dependent      2 + dependents <i>(Pay this in addition to employee amount if covering spouse and/or children.)</i>														
<b>Calif. School Employees Assn. CSEA</b>																			
Kaiser 10/10 HMO	\$172.36	\$340.09	\$479.45	\$172.36	\$670.91	\$1,228.36													
UHC Performance HMO (Network 1)	\$200.45	\$392.45	\$550.91	\$200.45	\$768.00	\$1,401.82													
UHC Performance HMO (Network 2)	\$569.45	\$1,114.64	\$1,561.64	\$569.45	\$1,048.36	\$1,913.45													
UHC Alliance HMO 20/30	\$300.00	\$569.18	\$786.00	\$300.00	\$772.36	\$1,407.27													
UHC Signature Value Alliance \$1200	\$325.09	\$562.64	\$765.27	\$325.09	\$740.73	\$1,361.45													
UHC PPO Nexus ACO Select 80/50	\$1,149.82	\$2,257.91	\$3,156.55	\$1,149.82	\$1,611.27	\$2,928.00													
UHC Journey Harmony	\$160.36	\$305.18	\$414.00	\$160.36	\$648.00	\$1,174.91													
UHC Journey Alliance	\$192.00	\$349.91	\$486.00	\$192.00	\$661.09	\$1,215.27													
SIMNSA HMO ( <i>Mexico plan. Must meet plan requirements to enroll</i> )	\$65.73	\$114.82	\$169.09	\$65.73	\$196.36	\$413.45													
Delta Dental PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$75.65	\$99.11													
DeltaCare USA	\$0.00	\$0.00	\$0.00	\$0.00	\$12.01	\$24.76													
<b>Cajon Valley Admin. Assn. CVAA</b>																			
Kaiser 10/20 HMO	\$201.93	\$398.29	\$561.27	No Part Time Employees															
UHC Performance HMO (Network 1)	\$330.65	\$640.47	\$894.00																
UHC Performance HMO (Network 2)	\$615.38	\$1,205.56	\$1,690.36																
UHC Alliance HMO 20/30	\$345.93	\$660.11	\$914.73																
UHC Signature Value Alliance \$1200	\$371.02	\$653.56	\$894.00																
UHC PPO Nexus ACO Select 80/50	\$1,195.75	\$2,348.84	\$3,285.27																
UHC Journey Harmony	\$206.29	\$396.11	\$542.73																
SIMNSA HMO ( <i>Mexico plan. Must meet plan requirements to enroll</i> )	\$18.40	\$32.15	\$47.35																
Delta Dental PPO	\$0.00	\$0.00	\$0.00																
DeltaCare USA	\$0.00	\$0.00	\$0.00																