Active Employee Health Plans as of 1/22/2019	Premium Per Month (Based on 10 month Pay Cycle)			Medical Copay	Cost Sharing for Claims		
District Effective Date Through: Clovis 8/31/2019 Fresno 6/30/2019 Central 11/30/2019 Sanger 9/30/2018 needs update + District Annual Contribution per Employee	EE Employee Only	EE + Children	EE + Spouse	EE + Family (spouse & children)	CoPay	Deductible EE EE + 1 or more	Coinsurance % of claim paid by Employee after Deductible
Clovis USD Through 8/31/19 \$13,650 IF Option C - Emulates FUSD structure; New Premiums if no change in current copays & deductibles	_ 	<u>140</u> 186	<u>140</u> 237	205 267	\$25 Office \$25 Chiro \$35 Urgent \$150 ER	\$300 \$600 restricted	0%
Fresno USD Option A PPO Through 6/30/2019 \$18,538	\$204	\$262	\$316	\$350	\$15 Office +10% \$5 Chiro \$35 Urgent +10% \$100 ER +10%	\$250 \$500	10%
Option B PPO Through 6/30/2019 \$18,538	\$84	\$136	\$160	\$194	\$25 Office +30% \$5 Chiro \$35 Urgent +30% \$100 ER + 30%	\$1,000 \$2,000	30%
Central USD Gold Plan Through 11/30/2019 \$14,989	\$330	\$330	\$330	\$330	\$25 Med \$25 Chiro \$200 ER + 15%	\$200 \$600	15%
Bronze Plan Contracted \$6,877 EE \$10,177 EE+	\$121	\$180	N/A	\$180	\$25 Med + 30% \$60 Chiro + 30% \$200 ER + 30%	\$4,000 \$8,000	30%
Health Plans as of 1/22/2019		remium F on 10 m			Medical Copay	Cost Sharing for Claims	
Sanger USD Certificated Through 9/30/18 \$10,000	\$861	\$861	\$861	\$861	\$0	\$0	\$0
Certificated	\$584	\$584	\$584	\$584	\$20	\$200 \$500	20%
Certificated	\$464	\$464	\$464	\$464	\$20	\$500 \$1,000	20%
Classified Through 9/30/18 \$11,000	\$916	\$916	\$916	\$916	\$0	\$0	\$0
Classified	\$744	\$744	\$744	\$744	\$10	\$100 \$300	10%
Classified	\$519	\$519	\$519	\$519	\$10	\$200 \$500	10%
Management Through 9/30/18 \$9,500	\$916	\$916	\$916	\$916	\$0	\$0	\$0
Management	\$744	\$744	\$744	\$744	\$20	\$300 \$600	20%
Management	\$519	\$519	\$519	\$519	\$20	\$500 \$1,000	20%

				E	F	G	Н
Change numbers in columns E/F/G/H to modify premiums by changing copay and/or deductilbe		Copay		\$30	\$30	\$30	\$30
		Deductible	\$300	\$300	\$400	\$500	\$600
		# of Employees	Maximum Premiums				
Option A	EE	742	\$91	\$88	\$86	\$85	\$84
	EE+1	751	\$222	\$215	\$211	\$208	\$205
	EE+2+more	2,044	\$260	\$251	\$247	\$243	\$239
Option B	EE	742	\$91	\$88	\$87	\$85	\$84
	EE+ 1 Child	145	\$161	\$156	\$153	\$151	\$148
	EE+Spouse	606	\$237	\$229	\$225	\$222	\$218
	EE+2+more	2,044	\$260	\$251	\$247	\$243	\$239
			404	daa	407	dos	40.4
Option C	EE	742	\$91	\$88	\$87	\$85	\$84
	EE+Children	375	\$186	\$180	\$177	\$174	\$171
	EE+Spouse	606	\$237	\$229	\$225	\$222	\$218
	EE+Spouse + Children	1,814	\$267	\$258	\$254	\$250	\$246