

**SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT
SISC & SCCSHIG Joint Powers Authority - Anthem Blue Cross Benefit Plan Comparison**

Effective October 1, 2011 the benefit package for a **CLASSIFIED full-time employee** is \$555.75 + \$80 (temp supplemental CAP) for a total of \$635.75 per month

PPO High 90%/10%, Dental, & Vision \$20/\$300/\$600	PPO High 40708C	Delta Dental 7105-0008	VSP Vision Care 00-101867-0041	2011-2012 Total Premium	2011-2012 District Benefit	2011-2012 12-Month Employee Monthly Premium	2011-2012 11-Month Employee Monthly Premium	2011-2012 10-Month Employee Monthly Premium
1P	\$1,044.00	\$54.05	\$10.64	\$1,108.69	\$635.75	\$472.94	\$515.93	\$567.53
2P	\$1,854.00	\$106.62	\$10.64	\$1,971.26	\$635.75	\$1,335.51	\$1,456.92	\$1,602.61
FAM	\$2,852.00	\$158.02	\$10.64	\$3,020.66	\$635.75	\$2,384.91	\$2,601.72	\$2,861.89
PPO Low 80%/20%, Dental, & Vision \$30/\$500/\$1000	PPO Low 40708D	Delta Dental 7105-0008	VSP Vision Care 00-101867-0041	2011-2012 Total Premium	2011-2012 District Benefit	2011-2012 12-Month Employee Monthly Premium	2011-2012 11-Month Employee Monthly Premium	2011-2012 10-Month Employee Monthly Premium
1P	\$925.00	\$54.05	\$10.64	\$989.69	\$635.75	\$353.94	\$386.12	\$424.73
2P	\$1,643.00	\$106.62	\$10.64	\$1,760.26	\$635.75	\$1,124.51	\$1,226.74	\$1,349.41
FAM	\$2,521.00	\$158.02	\$10.64	\$2,689.66	\$635.75	\$2,053.91	\$2,240.63	\$2,464.69
HMO High, Dental, & Vision \$30/\$40/\$500	HMO High 57AHPJ	Delta Dental 7105-0008	VSP Vision Care 00-101867-0041	2011-2012 Total Premium	2011-2012 District Benefit	2011-2012 12-Month Employee Monthly Premium	2011-2012 11-Month Employee Monthly Premium	2011-2012 10-Month Employee Monthly Premium
1P	\$786.00	\$54.05	\$10.64	\$850.69	\$635.75	\$214.94	\$234.48	\$257.93
2P	\$1,571.00	\$106.62	\$10.64	\$1,688.26	\$635.75	\$1,052.51	\$1,148.19	\$1,263.01
FAM	\$2,166.00	\$158.02	\$10.64	\$2,334.66	\$635.75	\$1,698.91	\$1,853.36	\$2,038.69
HMO Low, Dental, & Vision \$30/\$45/\$1000	HMO Low 57AHPN	Delta Dental 7105-0008	VSP Vision Care 00-101867-0041	2011-2012 Total Premium	2011-2012 District Benefit	2011-2012 12-Month Employee Monthly Premium	2011-2012 11-Month Employee Monthly Premium	2011-2012 10-Month Employee Monthly Premium
1P	\$652.00	\$54.05	\$10.64	\$716.69	\$635.75	\$80.94	\$88.30	\$97.13
2P	\$1,309.00	\$106.62	\$10.64	\$1,426.26	\$635.75	\$790.51	\$862.37	\$948.61
FAM	\$1,809.00	\$158.02	\$10.64	\$1,977.66	\$635.75	\$1,341.91	\$1,463.90	\$1,610.29

**SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT
SISC & SCCSHIG Joint Powers Authority - Anthem Blue Cross Benefit Plan Comparison**

Anthem Blue Cross PPO – High

- 90%/10%
- \$20 co-pay per office visit
- Deductible: \$300/\$600
- Co-Insurance Max: \$600/\$1,800
- RX 7/25

Anthem Blue Cross PPO – Low

- 80%/20%
- \$30 co-pay per office visit
- Deductible: \$500/\$1,000
- Co-Insurance Max: \$1,000/\$3,000
- RX 7/25

Anthem Blue Cross HMO – High

- \$30.00 co-pay per office visit
- \$40.00 co-pay per specialists
- Hospital 100% after \$500 per admission deductible per day, maximum of 3 days (Annual co-pay max: \$1,500 individual/\$3,000 family)
- RX 5/10

Anthem Blue Cross HMO – Low

- \$30.00 co-pay per office visit for Primary Care Physician
- \$45.00 co-pay per office visit for Specialist
- Hospital 100% after \$1000 per admission deductible per day, maximum of 3 days (Annual co-pay max: \$3,500 individual/\$7,000 family)
- RX 15/50 after 200 individual deductible/ 500 family deductible

Classified – Additional Benefit Package Information

- California State Disability Plan (SDI)
- Section 125 Option for employees working 20 hours or more
- 403b Annuity

Please Note:

Employees working between 50% - 89.9% may opt out of coverage with proof of other coverage outside of the JPA. If you do not opt out, then your benefit allowance will be prorated. Employees working less than 50% are not eligible for benefits.