

PPO \$25 Active Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	12,372.00	10,892.00	1,480.00	134.55	907.67	1,031.00	-	
Employee + 1	24,684.00	14,507.00	10,177.00	925.18	1,208.92	2,057.00	1,253.82	
Full Family	32,064.00	17,970.00	14,094.00	1,281.27	1,497.50	2,672.00	1,924.73	
Purchase Full Family when qualify for EE+1 only								1,596.09

PPO \$30 Active Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	11,232.00	10,892.00	340.00	30.91	907.67	936.00	-	
Employee + 1	22,404.00	14,507.00	7,897.00	717.91	1,208.92	1,867.00	1,046.55	
Full Family	29,112.00	17,970.00	11,142.00	1,012.91	1,497.50	2,426.00	1,656.36	
Purchase Full Family when qualify for EE+1 only								1,327.73

PPO \$40 Active Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	10,644.00	10,892.00	-	-	887.00	887.00	-	
Employee + 1	21,240.00	14,507.00	6,733.00	612.09	1,208.92	1,770.00	940.73	
Full Family	27,576.00	17,970.00	9,606.00	873.28	1,497.50	2,298.00	1,516.73	
Purchase Full Family when qualify for EE+1 only								1,188.09

PPO \$50 Active Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	9,984.00	10,892.00	-	-	832.00	832.00	-	
Employee + 1	19,932.00	14,507.00	5,425.00	493.19	1,208.92	1,661.00	821.82	
Full Family	25,896.00	17,970.00	7,926.00	720.55	1,497.50	2,158.00	1,364.00	
Purchase Full Family when qualify for EE+1 only								1,035.36

PPO \$60 Active Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	8,988.00	10,892.00	-	-	749.00	749.00	-	
Employee + 1	17,868.00	14,507.00	3,361.00	305.55	1,208.92	1,489.00	634.18	
Full Family	23,232.00	17,970.00	5,262.00	478.36	1,497.50	1,936.00	1,121.82	
Purchase Full Family when qualify for EE+1 only								793.18

EPO Acive Employees All Groups	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Medical								
Employee	8,040.00	10,892.00	-	-	670.00	670.00	-	
Employee + 1	16,008.00	14,507.00	1,501.00	136.45	1,208.92	1,334.00	465.09	
Full Family	20,784.00	17,970.00	2,814.00	255.82	1,497.50	1,732.00	899.27	
Purchase Full Family when qualify for EE+1 only								570.64

CompleteCare Active Employees All Groups	SEE FLYER FOR QUALIFICATION \$428 Per Month 100% District Paid						
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All Groups & Retirees	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Dental								
Employee	708.00	708.00	-		59.00	59.00		
Employee + 1	1,284.00	1,284.00	-		107.00	107.00	52.36	
Full Family	2,112.00	2,112.00	-		176.00	176.00	127.64	
Purchase Full Family when qualify for EE+1 only								75.27

All Groups & Retirees	2020 Calendar Yr. Premium	District Contribution Cap	Employee's Annual Cost	11 mo deduction for Employee	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl	
Vision								
Employee	132.00	132.00	-		11.00	11.00		
Employee + 1	192.00	192.00	-		16.00	16.00	5.45	
Full Family	348.00	348.00	-		29.00	29.00	19.64	
Purchase Full Family when qualify for EE+1 only								14.18

PPO \$25 All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	12,336.00	10,892.00	1,444.00	120.33	907.67	1,028.00	
Employee + 1	24,648.00	14,507.00	10,141.00	845.08	1,208.92	2,054.00	1,146.33
Full Family	32,028.00	17,970.00	14,058.00	1,171.50	1,497.50	2,669.00	1,761.33
Purchase Full Family when qualify for EE+1 only							1,460.08

PPO \$30 All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	11,196.00	10,892.00	304.00	25.33	907.67	933.00	
Employee + 1	22,368.00	14,507.00	7,861.00	655.08	1,208.92	1,864.00	956.33
Full Family	29,076.00	17,970.00	11,106.00	925.50	1,497.50	2,423.00	1,515.33
Purchase Full Family when qualify for EE+1 only							1,214.08

PPO \$40 All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	10,608.00	10,892.00	-	-	884.00	884.00	
Employee + 1	21,204.00	14,507.00	6,697.00	558.08	1,208.92	1,767.00	859.33
Full Family	27,540.00	17,970.00	9,570.00	797.50	1,497.50	2,295.00	1,387.33
Purchase Full Family when qualify for EE+1 only							1,086.08

PPO \$50 All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	9,948.00	10,892.00	-	-	829.00	829.00	
Employee + 1	19,896.00	14,507.00	5,389.00	449.08	1,208.92	1,658.00	750.33
Full Family	25,860.00	17,970.00	7,890.00	657.50	1,497.50	2,155.00	1,247.33
Purchase Full Family when qualify for EE+1 only							946.08

Carmel Unified School District
Health Welfare Rates Effective January 1, 2021

PPO \$60 All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	8,952.00	10,892.00	-	-	746.00	746.00	
Employee + 1	17,832.00	14,507.00	3,325.00	277.08	1,208.92	1,486.00	578.33
Full Family	23,196.00	17,970.00	5,226.00	435.50	1,497.50	1,933.00	1,025.33
Purchase Full Family when qualify for EE+1 only							724.08

EPO All Groups Retiree's less than 65 Yrs old/ W/O Medicare	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	Monthly Premium Cost for RE 12 mos	12 mo District Cost	12 month rate for coverage	12 mo rate to purch add'tnl
Medical							
Employee	8,004.00	10,892.00	-	-	667.00	667.00	
Employee + 1	15,972.00	14,507.00	1,465.00	122.08	1,208.92	1,331.00	423.33
Full Family	20,748.00	17,970.00	2,778.00	231.50	1,497.50	1,729.00	821.33
Purchase Full Family when qualify for EE+1 only							520.08

All Groups & Retirees	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Cost	Monthly Premium Cost for RE 12 mos	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl
Dental							
Employee	708.00	708.00	-		59.00	59.00	
Employee + 1	1,284.00	1,284.00	-		107.00	107.00	52.36
Full Family	2,112.00	2,112.00	-		176.00	176.00	127.64
Purchase Full Family when qualify for EE+1 only							75.27

All Groups & Retirees	2020 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Cost	Monthly Premium Cost for RE 12 mos	12 mo deduction for ER	12 month rate for coverage	11 mo rate to purch add'tnl
Vision							
Employee	132.00	132.00	-	-	11.00	11.00	
Employee + 1	192.00	192.00	-	-	16.00	16.00	5.45
Full Family	348.00	348.00	-	-	29.00	29.00	19.64
Purchase Full Family when qualify for EE+1 only							14.18