

**CERTIFICATED
2011-12 (TENTATIVE RATES)**

BLUE CROSS (90/10) Deductible \$100/\$300	BLUE CROSS (100%) Deductible \$100/\$300	BLUE CROSS (90/10) Deductible \$300/\$600	IND/FAM	KAISER Deductible \$0	CA CARE - HMO Deductible \$0
\$ 1,305.60	\$ 1,380.00	\$ 1,214.40		\$ 1,290.00	\$ 1,387.20
DELTA	DELTA	DELTA		DELTA	DELTA
\$ 129.60	\$ 129.60	\$ 129.60		\$ 129.60	\$ 129.60
VISION (MES)	VISION (MES)	VISION (MES)		VISION (included)	VISION (MES)
\$ 15.12	\$ 15.12	\$ 15.12		\$ -	\$ 15.12
EAP	EAP	EAP		EAP (included)	EAP (included)
\$ 3.60	\$ 3.60	\$ 3.60		\$ -	\$ -
LIFE	LIFE	LIFE		LIFE	LIFE
\$ 5.10	\$ 5.10	\$ 5.10		\$ 5.10	\$ 5.10
TOTAL	TOTAL	TOTAL		TOTAL	TOTAL
\$ 1,459.02	\$ 1,533.42	\$ 1,367.82		\$ 1,424.70	\$ 1,537.02
Current Cap	Current Cap	Current Cap		Current Cap	Current Cap
\$ 1,269.12	\$ 1,269.12	\$ 1,269.12		\$ 1,269.12	\$ 1,269.12
TENURED	TENURED	TENURED		TENURED	TENURED
\$ 189.90	\$ 264.30	\$ 98.70		\$ 155.58	\$ 267.90
*NON-PERMANENT	*NON-PERMANENT	*NON-PERMANENT		*NON-PERMANENT	*NON-PERMANENT
\$ 354.60	\$ 503.40	\$ 172.20		\$ 285.96	\$ 510.60
BLUE CROSS (90/10) Deductible \$100/\$300	BLUE CROSS (100%) Deductible \$100/\$300	BLUE CROSS (90/10) Deductible \$300/\$600	IND/FAM	KAISER Deductible \$0	BC - HMO Deductible \$0
\$ 1,305.60	\$ 1,380.00	\$ 1,214.40		\$ 1,290.00	\$ 1,387.20
DPO	DPO	DPO		DPO	DPO
\$ 142.44	\$ 142.44	\$ 142.44		\$ 142.44	\$ 142.44
VISION (MES)	VISION (MES)	VISION (MES)		VISION (included)	VISION (MES)
\$ 15.12	\$ 15.12	\$ 15.12		\$ -	\$ 15.12
EAP	EAP	EAP		EAP (included)	EAP (included)
\$ 3.60	\$ 3.60	\$ 3.60		\$ -	\$ -
LIFE	LIFE	LIFE		LIFE	LIFE
\$ 5.10	\$ 5.10	\$ 5.10		\$ 5.10	\$ 5.10
TOTAL	TOTAL	TOTAL		TOTAL	TOTAL
\$ 1,471.86	\$ 1,546.26	\$ 1,380.66		\$ 1,437.54	\$ 1,549.86
Current Cap	Current Cap	Current Cap		Current Cap	Current Cap
\$ 1,269.12	\$ 1,269.12	\$ 1,269.12		\$ 1,269.12	\$ 1,269.12
TENURED	TENURED	TENURED		TENURED	TENURED
\$ 202.74	\$ 277.14	\$ 111.54		\$ 168.42	\$ 280.74
*NON-PERMANENT	*NON-PERMANENT	*NON-PERMANENT		*NON-PERMANENT	*NON-PERMANENT
\$ 380.28	\$ 529.08	\$ 197.88		\$ 311.64	\$ 536.28
BLUE CROSS (90/10) Deductible \$100/\$300	BLUE CROSS (100%) Deductible \$100/\$300	BLUE CROSS (90/10) Deductible \$300/\$600	IND/FAM	KAISER Deductible \$0	BC - HMO Deductible \$0
\$ 1,305.60	\$ 1,380.00	\$ 1,214.40		\$ 1,290.00	\$ 1,387.20
PMI	PMI	PMI		PMI	PMI
\$ 56.10	\$ 56.10	\$ 56.10		\$ 56.10	\$ 56.10
VISION (MES)	VISION (MES)	VISION (MES)		VISION (included)	VISION (MES)
\$ 15.12	\$ 15.12	\$ 15.12		\$ -	\$ 15.12
EAP	EAP	EAP		EAP (included)	EAP (included)
\$ 3.60	\$ 3.60	\$ 3.60		\$ -	\$ -
LIFE	LIFE	LIFE		LIFE	LIFE
\$ 5.10	\$ 5.10	\$ 5.10		\$ 5.10	\$ 5.10
TOTAL	TOTAL	TOTAL		TOTAL	TOTAL
\$ 1,385.52	\$ 1,459.92	\$ 1,294.32		\$ 1,351.20	\$ 1,463.52
Current Cap	Current Cap	Current Cap		Current Cap	Current Cap
\$ 1,269.12	\$ 1,269.12	\$ 1,269.12		\$ 1,269.12	\$ 1,269.12
TENURED	TENURED	TENURED		TENURED	TENURED
\$ 116.40	\$ 190.80	\$ 25.20		\$ 82.08	\$ 194.40
*NON-PERMANENT	*NON-PERMANENT	*NON-PERMANENT		*NON-PERMANENT	*NON-PERMANENT
\$ 207.60	\$ 356.40	\$ 25.20		\$ 138.96	\$ 363.60

calculated by 10 months

CERTIFICATED/MANAGEMENT EMPLOYEES – 2011/12

MEDICAL PLANS

Blue Cross Prudent Buyer Option I (PPO – 90/10)

- Annual deductible of \$100 single/\$300 family - \$10 office co-payment
- 90% coverage in network
- Prescriptions: \$7 generic, \$25 brand name
- Vision: Medical Eye Services
- Life Insurance \$50,000
- Employee Assistance Program

Blue Cross Prudent Buyer Option II (PPO – 100%)

- Annual deductible of \$100 single/\$300 family - No office co-payment
- 100% coverage in network
- Prescriptions: \$7 generic, \$25 brand name
- Vision plan: Medical Eye Services
- Life Insurance \$50,000
- Employee Assistance Program

Blue Cross Prudent Buyer Option III (PPO – 90/10)

- Annual deductible of \$300 single/\$600 family - \$20 office co-payment
- 90% coverage in network
- Prescriptions: \$7 generic, \$25 brand name
- Vision: Medical Eye Services
- Life Insurance \$50,000
- Employee Assistance Program

Blue Cross California Care (HMO – 100%)

- No annual deductible - \$10 office co-payment
- 100% coverage in network
- Prescriptions: \$3 generic, \$20 brand name
- Vision: Medical Eye Services
- Life Insurance \$50,000
- Employee Assistance Program

Kaiser (HMO – 100%)

- No annual deductible - No office co-payment
- 100% coverage in network
- Kaiser Prescription Drug: \$5
- Vision: Kaiser Vision Care
- Life Insurance \$50,000
- Employee Assistance Program

DENTAL PLANS

Delta Incentive

- Yearly maximum: \$1,700 (in-network)
- No orthodontic coverage.
- Incentive plan 70% coverage first year, with 10% increases each year as long as members visit the dentist once a year.

Delta DPO

- Yearly maximum: \$2,000
- 100% payment for covered services using an in-network/contracted dentists
- \$3,000 lifetime orthodontic coverage for adults and children.

PMI Dental.....

- Benefits provided at 100% using a contracted Dentist.
- No yearly maximum
- Limited network of dentists
- Small Orthodontic benefit