

Page Unified School District #8
2020-2021 Monthly Insurance Rates for ACTIVE Employees

MEDICAL – ASBAIT Aetna POS II

DISTRICT PLAN 1	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
CLASSIC-SILVER	\$0 <i>- NO COST to employee, \$494 paid by PUSD.</i>	\$494.00	\$331.00	\$755.00
	Yearly Deductible	\$500/member \$1,000 max/family	Coinsurance	80% after deductible
	Yearly Out-of-Pocket	\$4,500/member, \$9,000 max/family	Office Visit Co-Pay	\$30 primary \$40 specialist
DISTRICT PLAN 2	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
CO-PAY GOLD	\$74.00 <i>- PUSD pays \$494 paid for employee.</i>	\$642.00	\$455.00	\$944.00
	Yearly Deductible	N/A	Coinsurance	N/A
	Yearly Out-of-Pocket	\$6,350/member \$12,700 max/family	Office Visit Co-Pay	\$30 primary \$40 specialist
DISTRICT PLAN 3	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HDHP \$1500 (HSA)	\$0 <i>- NO COST to employee, PUSD pays 410.50 and \$83.50 goes into HSA.</i>	\$408.00	\$275.00	\$626.00
	Yearly Deductible	\$1,500/member \$3,000/family	Coinsurance	80% after deductible
	Yearly Out-of-Pocket	\$6,000/member \$12,000/family	Office Visit Co-Pay	80% after deductible
	<i>If you elect this option, PUSD will put \$83.50 per month into a Health Savings Account for you. *Full family deductible must be met before benefits get paid out by insurance for family coverage.</i>			

DENTAL – Delta Dental PPO

DISTRICT PLAN	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	\$18.74	\$50.57	\$50.49	\$69.72
<i>When a married couple are PUSD Employees, each employee enrolls into individual plans. If the married couple have children, only one employee can elect "children" or "family" coverage.</i>				

VISION – Vision Service Plan (VSP)

DISTRICT PLAN	Employee Only	Employee + 1	Employee + 2 or more
BASE	\$0 <i>- PUSD pays \$4.21 for employee.</i>	\$1.89	\$6.73
BUY-UP	\$4.26 <i>- PUSD pays \$4.21 for employee</i>	\$8.07	\$17.82

LIFE – Lincoln

DISTRICT PLAN	Employee Only (\$50,000)	Supplemental Dependent
	\$0 <i>(PUSD pays \$7.00 for employee)</i>	\$2.52 <i>(\$15,000 for Spouse, \$5,000 for Child)</i>
<i>Additional Life Insurance available at Employee's expense. Rates are based on age and amount. See enrollment information.</i>		

- Insurance rates and payroll deductions are based on the Fiscal Year. Your coverage begins first of the month following 30-days of employment. Your coverage will terminate the last day of the month of your last day of work.
- Your actual payroll deduction will depend on your contract type and pay option. Other variables include: hire date, first payroll for new employees and/or changes in coverage on continuing employees.
- All benefits paperwork must be turned in within 30 days of receiving benefits package.
- For continuing employees – Payroll Deduction will be the total "Monthly Rate" multiplied by 12 months, then divided by the number of pay periods in your contract type and you pay option.

Pay Periods	9-Month (18 Pay Periods)	10-month (20 Pay Periods)	12-month (25 Pay Periods)	Certified – EP (20 Pay Periods)	Certified – BOC (25 Pay Periods)
Medical	Classic Silver				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$329.33	\$296.40	\$237.12	\$296.40	\$237.12
Employee + Children	\$220.67	\$198.60	\$158.88	\$198.60	\$158.88
Employee + Family	\$503.33	\$453.00	\$362.40	\$453.00	\$362.40
	Co-Pay Gold				
Employee Only	\$49.33	\$44.40	\$35.52	\$44.40	\$35.52
Employee + Spouse	\$428.00	\$385.20	\$308.16	\$385.20	\$308.16
Employee + Children	\$303.33	\$273.00	\$218.40	\$273.00	\$218.40
Employee + Family	\$629.33	\$566.40	\$453.12	\$566.40	\$453.12
	HDHP (HSA)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$272.00	\$244.80	\$195.84	\$244.80	\$195.84
Employee + Children	\$183.33	\$165.00	\$132.00	\$165.00	\$132.00
Employee + Family	\$417.33	\$375.60	\$300.48	\$375.60	\$300.48
Dental	Dental- Delta Dental				
Employee Only	\$12.49	\$11.24	\$9.00	\$11.24	\$9.00
Employee + Spouse	\$33.71	\$30.34	\$24.27	\$30.34	\$24.27
Employee + Children	\$33.66	\$30.29	\$24.24	\$30.29	\$24.24
Employee + Family	\$46.48	\$41.83	\$33.47	\$41.83	\$33.47
Vision	Vision – Base Vision Service Plan (VSP)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$1.26	\$1.13	\$0.91	\$1.13	\$0.91
Employee + Children	\$4.49	\$4.04	\$3.23	\$4.04	\$3.23
Employee + Family	\$4.49	\$4.04	\$3.23	\$4.04	\$3.23
	Vision: Buy-Up Plan Vision Service Plan (VSP)				
Employee Only	\$2.84	\$2.56	\$2.04	\$2.56	\$2.04
Employee + Spouse	\$5.38	\$4.84	\$3.87	\$4.84	\$3.87
Employee + Children	\$11.88	\$10.69	\$8.55	\$10.69	\$8.55
Employee + Family	\$11.88	\$10.69	\$8.55	\$10.69	\$8.55

You can view all information regarding your benefits at www.page.benefitseasy.com

USERNAME: page **PASSWORD:** benefits

For any questions or concerns regarding your benefits please contact us.

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