

Page Unified School District #8
2021-2022 Monthly Insurance Rates for ACTIVE Employees

MEDICAL – ASBAIT Aetna POS II

DISTRICT PLAN 1	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
VALUE GOLD	\$0 <i>- NO COST to employee, \$507 paid by PUSD.</i>	\$507.00	\$340.00	\$777.00
	Yearly Deductible	\$750/member \$1,500 max/family	Coinsurance	75% after deductible
	Yearly Out-of-Pocket	\$5,000/member \$10,000 max/family	Office Visit Co-Pay	\$35 primary \$45 specialist
DISTRICT PLAN 2	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
CLASSIC GOLD	\$79.00 <i>- PUSD pays \$507 paid for employee.</i>	\$665.00	\$472.00	\$977.00
	Yearly Deductible	\$300/member - \$900 max/family	Coinsurance	85% after deductible
	Yearly Out-of-Pocket	\$4,000/member \$8,000 max/family	Office Visit Co-Pay	\$25 primary \$35 specialist
DISTRICT PLAN 3	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HDHP \$1500 (HSA)	\$0 <i>- NO COST to employee, PUSD pays \$434.50 and \$72.50 goes into HSA.</i>	\$425.00	\$285.00	\$654.00
	Yearly Deductible	\$1,500/member * \$3,000/family	Coinsurance	80% after deductible
	Yearly Out-of-Pocket	\$5,500/member \$11,000/family	Office Visit Co-Pay	80% after deductible
	<i>If you elect this option, PUSD will put \$72.50 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	Value Gold				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$338.00	\$304.20	\$243.36	\$304.20	\$243.36
Employee + Children	\$226.67	\$204.00	\$163.20	\$204.00	\$163.20
Employee + Family	\$518.00	\$466.20	\$372.96	\$466.20	\$372.96
	Classic Gold				
Employee Only	\$52.67	\$47.40	\$37.92	\$47.40	\$37.92
Employee + Spouse	\$443.33	\$399.00	\$319.20	\$399.00	\$319.20
Employee + Children	\$314.67	\$283.20	\$226.56	\$283.20	\$226.56
Employee + Family	\$651.33	\$586.20	\$468.96	\$586.20	\$468.96
	HDHP (HSA)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$283.33	\$255.00	\$204.00	\$255.00	\$204.00
Employee + Children	\$190.00	\$171.00	\$136.80	\$171.00	\$136.80
Employee + Family	\$436.00	\$392.40	\$313.92	\$392.40	\$313.92
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 + 1	\$1.26	\$1.13	\$0.91	\$1.13	\$0.91
Employee + 2 or more	\$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 + 1	\$5.38	\$4.84	\$3.87	\$4.84	\$3.87
Employee + 2 or more	\$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.

Your PUSD Human Resources Team			
Mariah DeJolie	HR Certified Specialist	(928) 608-4213	mdejolie@pageud.org
Crystal Andrews	Payroll Specialist	(928) 608-4202	candrews@pageud.org