

Page Unified School District #8

2022-2023 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, \$532 paid by PUSD.</i>	\$533.00	\$357.00	\$816.00
	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	\$83.00 <i>-\$532 paid by PUSD</i>	\$699.00	\$496.00	\$1,026.00
	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 A \$1500 (HSA)	\$0 <i>- NO COST to employee, PUSD pays \$456.50 and \$75.50 goes into HSA.</i>	\$446.00	\$299.00	\$686.00
	Yearly Deductible	\$2,000/member *\$4,000/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 \$75.50 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
	\$18.86	\$50.71	\$50.63	\$69.88
<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 \$4.37 for employee</i>	\$1.97	\$7.00
BUY-UP	\$4.43 <i>- PUSD pays \$4.37 for employee</i>	\$8.40	\$18.54

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	\$355.33	\$319.80	\$255.84	\$319.80	\$255.84
Employee + Children	\$238.00	\$214.20	\$171.36	\$214.20	\$171.36
Employee + Family	\$544.00	\$489.60	\$391.68	\$489.60	\$391.68
	Classic Gold				
Employee Only	\$55.33	\$49.80	\$39.84	\$49.80	\$39.84
Employee + Spouse	\$466.00	\$419.40	\$335.52	\$419.40	\$335.52
Employee + Children	\$330.67	\$297.60	\$238.08	\$297.60	\$238.08
Employee + Family	\$684.00	\$615.60	\$492.48	\$615.60	\$492.48
	HDHP (HSA)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$297.33	\$267.60	\$214.08	\$267.60	\$214.08
Employee + Children	\$199.33	\$179.40	\$143.52	\$179.40	\$143.52
Employee + Family	\$457.33	\$411.60	\$329.28	\$411.60	\$329.28
Dental	Dental- Delta Dental				
Employee Only	\$12.57	\$11.32	\$9.05	\$11.32	\$9.05
Employee + Spouse	\$33.81	\$30.43	\$24.34	\$30.43	\$24.34
Employee + Children	\$33.75	\$30.38	\$24.30	\$30.38	\$24.30
Employee + Family	\$46.59	\$41.93	\$33.54	\$41.93	\$33.54
Vision	Vision – Base Vision Service Plan (VSP)				
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + 1	\$1.31	\$1.18	\$0.95	\$1.18	\$0.95
Employee + 2 or more	\$4.67	\$4.20	\$3.36	\$4.20	\$3.36
	Vision: Buy-Up Plan Vision Service Plan (VSP)				
Employee Only	\$2.95	\$2.66	\$2.13	\$2.66	\$2.13
Employee + 1	\$5.60	\$5.04	\$4.03	\$5.04	\$4.03
Employee + 2 or more	\$12.36	\$11.12	\$8.90	\$11.12	\$8.90

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			
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