

SAN LORENZO UNIFIED SCHOOL DISTRICT
PERSONNEL DEPARTMENT
CSEA BARGAINING UNIT MEMBERS
2008 HEALTH PLAN RATES
(Effective October 1, 2008)

	MONTHLY PREMIUM	EMPLOYEE CONTRIBUTION	DISTRICT CONTRIBUTION
PacifiCare POS			
Employee Only	721.90	468.18	253.72
Employee + 1	1,521.70	987.34	534.36
Employee + 2 or more	2,057.34	1,334.43	722.91
PacifiCare HMO (HIGH)			
Employee Only	703.74	482.99	220.75
Employee + 1	1,483.46	1,018.02	465.44
Employee + 2 or more	2,005.63	1,377.63	628.00
PacifiCare HMO (LOW)			
Employee Only	464.66	243.91	220.75
Employee + 1	979.49	514.05	465.44
Employee + 2 or more	1,324.28	696.28	628.00
Kaiser (HIGH)			
Employee Only	584.22	362.90	221.32
Employee + 1	1,168.44	725.80	442.64
Employee + 2 or more	1,653.35	1,027.02	626.33
Kaiser (LOW)			
Employee Only	409.99	188.67	221.32
Employee + 1	819.98	377.34	442.64
Employee + 2 or more	1,160.28	533.95	626.33
Delta Dental (MANDATORY)	102.71	26.67	76.04
VSP Vision (MANDATORY)	30.24	3.92	26.32

If you are a full time (7.5 hr) employee and fill out the declination of coverage statement showing coverage from another group employer plan, you are entitled to receive \$220.75 per month in cash in lieu. Part-time employees do not receive cash in lieu. The District's contributions towards medical, dental and/or vision are pro-rated for part employees.

Medical rate change effective January 2008

Vision rate change effective October 2008

Dental rate change effective October 2008

CSEA PRO-RATED COSTS

Plan: **Pacificare POS**

Effective : **10/1/2008**

Total Cost of Plan **\$721.90** **\$1,521.70** **\$2,057.34**

Hours	% Per Contract	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + 2 or MORE	
		Employee Contributions	District Contributions	Employee Contributions	District Contributions	Employee Contributions	District Contributions
7.50	100%	468.18	253.72	987.34	534.36	1,334.43	722.91
7.00	93%	485.09	236.81	1,022.96	498.74	1,382.62	674.72
6.50	87%	502.01	219.89	1,058.59	463.11	1,430.82	626.52
6.00	80%	518.92	202.98	1,094.21	427.49	1,479.01	578.33
5.50	73%	535.84	186.06	1,129.84	391.86	1,527.21	530.13
5.00	67%	552.75	169.15	1,165.46	356.24	1,575.40	481.94
4.50	60%	569.67	152.23	1,201.08	320.62	1,623.59	433.75
4.00	53%	586.58	135.32	1,236.71	284.99	1,671.79	385.55
3.75	50%	595.04	126.86	1,254.52	267.18	1,695.89	361.46
3.50	47%	603.50	118.40	1,272.33	249.37	1,719.98	337.36
Employees working less than 3.5 hrs/day (17.5 hrs/week) are not eligible.							
3.00	40%	620.41	101.49	1,307.96	213.74	1,768.18	289.16
2.75	37%	628.87	93.03	1,325.77	195.93	1,792.27	265.07
2.50	33%	637.33	84.57	1,343.58	178.12	1,816.37	240.97
1.75	23%	662.70	59.20	1,397.02	124.68	1,888.66	168.68
1.50	20%	671.16	50.74	1,414.83	106.87	1,912.76	144.58
1.00	13%	688.07	33.83	1,450.45	71.25	1,960.95	96.39

CSEA PRO-RATED COSTS

Plan: **Pacificare HMO (High)**

Effective : **10/1/2008**

Total Cost of Plan **\$703.74** **\$1,483.46** **\$2,005.63**

Hours	% Per Contract	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + 2 or MORE	
		Employee Contributions	District Contributions	Employee Contributions	District Contributions	Employee Contributions	District Contributions
7.50	100%	482.99	220.75	1,018.02	465.44	1,377.63	628.00
7.00	93%	497.71	206.03	1,049.05	434.41	1,419.50	586.13
6.50	87%	512.42	191.32	1,080.08	403.38	1,461.36	544.27
6.00	80%	527.14	176.60	1,111.11	372.35	1,503.23	502.40
5.50	73%	541.86	161.88	1,142.14	341.32	1,545.10	460.53
5.00	67%	556.57	147.17	1,173.17	310.29	1,586.96	418.67
4.50	60%	571.29	132.45	1,204.20	279.26	1,628.83	376.80
4.00	53%	586.01	117.73	1,235.23	248.23	1,670.70	334.93
3.75	50%	593.37	110.38	1,250.74	232.72	1,691.63	314.00
3.50	47%	600.72	103.02	1,266.25	217.21	1,712.56	293.07
Employees working less than 3.5 hrs/day (17.5 hrs/week) are not eligible.							
3.00	40%	615.44	88.30	1,297.28	186.18	1,754.43	251.20
2.75	37%	622.80	80.94	1,312.80	170.66	1,775.36	230.27
2.50	33%	630.16	73.58	1,328.31	155.15	1,796.30	209.33
1.75	23%	652.23	51.51	1,374.86	108.60	1,859.10	146.53
1.50	20%	659.59	44.15	1,390.37	93.09	1,880.03	125.60
1.00	13%	674.31	29.43	1,421.40	62.06	1,921.90	83.73

CSEA PRO-RATED COSTS

Plan: **Pacificare HMO (Low)**

Effective : **10/1/2008**

Total Cost of Plan **\$464.66** **\$979.49** **\$1,324.28**

Hours	% Per Contract	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + 2 or MORE	
		Employee Contributions	District Contributions	Employee Contributions	District Contributions	Employee Contributions	District Contributions
7.50	100%	243.91	220.75	514.05	465.44	696.28	628.00
7.00	93%	258.63	206.03	545.08	434.41	738.15	586.13
6.50	87%	273.34	191.32	576.11	403.38	780.01	544.27
6.00	80%	288.06	176.60	607.14	372.35	821.88	502.40
5.50	73%	302.78	161.88	638.17	341.32	863.75	460.53
5.00	67%	317.49	147.17	669.20	310.29	905.61	418.67
4.50	60%	332.21	132.45	700.23	279.26	947.48	376.80
4.00	53%	346.93	117.73	731.26	248.23	989.35	334.93
3.75	50%	354.29	110.38	746.77	232.72	1,010.28	314.00
3.50	47%	361.64	103.02	762.28	217.21	1,031.21	293.07
Employees working less than 3.5 hrs/day (17.5 hrs/week) are not eligible.							
3.00	40%	376.36	88.30	793.31	186.18	1,073.08	251.20
2.75	37%	383.72	80.94	808.83	170.66	1,094.01	230.27
2.50	33%	391.08	73.58	824.34	155.15	1,114.95	209.33
1.75	23%	413.15	51.51	870.89	108.60	1,177.75	146.53
1.50	20%	420.51	44.15	886.40	93.09	1,198.68	125.60
1.00	13%	435.23	29.43	917.43	62.06	1,240.55	83.73

CSEA PRO-RATED COSTS

Plan: Kaiser (High)

Effective : 10/1/2008

Total Cost of Plan \$584.22 \$1,168.44 \$1,653.35

Hours	% Per Contract	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + 2 or MORE	
		Employee Contributions	District Contributions	Employee Contributions	District Contributions	Employee Contributions	District Contributions
7.50	100%	362.90	221.32	725.80	442.64	1,027.02	626.33
7.00	93%	377.65	206.57	755.31	413.13	1,068.78	584.57
6.50	87%	392.41	191.81	784.82	383.62	1,110.53	542.82
6.00	80%	407.16	177.06	814.33	354.11	1,152.29	501.06
5.50	73%	421.92	162.30	843.84	324.60	1,194.04	459.31
5.00	67%	436.67	147.55	873.35	295.09	1,235.80	417.55
4.50	60%	451.43	132.79	902.86	265.58	1,277.55	375.80
4.00	53%	466.18	118.04	932.37	236.07	1,319.31	334.04
3.75	50%	473.56	110.66	947.12	221.32	1,340.19	313.17
3.50	47%	480.94	103.28	961.87	206.57	1,361.06	292.29
Employees working less than 3.5 hrs/day (17.5 hrs/week) are not eligible.							
3.00	40%	495.69	88.53	991.38	177.06	1,402.82	250.53
2.75	37%	503.07	81.15	1,006.14	162.30	1,423.70	229.65
2.50	33%	510.45	73.77	1,020.89	147.55	1,444.57	208.78
1.75	23%	532.58	51.64	1,065.16	103.28	1,507.21	146.14
1.50	20%	539.96	44.26	1,079.91	88.53	1,528.08	125.27
1.00	13%	554.71	29.51	1,109.42	59.02	1,569.84	83.51

CSEA PRO-RATED COSTS

Plan: Kaiser (Low)

Effective : **10/1/2008**

Total Cost of Plan **\$409.99** **\$819.98** **\$1,160.28**

Hours	% Per Contract	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + 2 or MORE	
		Employee Contributions	District Contributions	Employee Contributions	District Contributions	Employee Contributions	District Contributions
7.50	100%	188.67	221.32	377.34	442.64	533.95	626.33
7.00	93%	203.42	206.57	406.85	413.13	575.71	584.57
6.50	87%	218.18	191.81	436.36	383.62	617.46	542.82
6.00	80%	232.93	177.06	465.87	354.11	659.22	501.06
5.50	73%	247.69	162.30	495.38	324.60	700.97	459.31
5.00	67%	262.44	147.55	524.89	295.09	742.73	417.55
4.50	60%	277.20	132.79	554.40	265.58	784.48	375.80
4.00	53%	291.95	118.04	583.91	236.07	826.24	334.04
3.75	50%	299.33	110.66	598.66	221.32	847.12	313.17
3.50	47%	306.71	103.28	613.41	206.57	867.99	292.29
Employees working less than 3.5 hrs/day (17.5 hrs/week) are not eligible.							
3.00	40%	321.46	88.53	642.92	177.06	909.75	250.53
2.75	37%	328.84	81.15	657.68	162.30	930.63	229.65
2.50	33%	336.22	73.77	672.43	147.55	951.50	208.78
1.75	23%	358.35	51.64	716.70	103.28	1,014.14	146.14
1.50	20%	365.73	44.26	731.45	88.53	1,035.01	125.27
1.00	13%	380.48	29.51	760.96	59.02	1,076.77	83.51

CSEA PRO-RATED COSTS

Plan: Delta Dental Plan

Effective : **10/1/2008**

Total Cost of Plan **\$102.71**

Hours	% Per Contract	Employee and/or Dependants	
		Employee Contributions	District Contributions
7.50	100%	26.67	76.04
7.00	93%	31.74	70.97
6.50	87%	36.81	65.90
6.00	80%	41.88	60.83
5.50	73%	46.95	55.76
5.00	67%	52.02	50.69
4.50	60%	57.09	45.62
4.00	53%	62.16	40.55
Employees working less than 20 hrs/week are not eligible.			
3.75	50%	64.69	38.02
3.50	47%	67.22	35.49
3.00	40%	72.29	30.42
2.75	37%	74.83	27.88
2.50	33%	77.36	25.35
1.75	23%	84.97	17.74
1.50	20%	87.50	15.21
1.00	13%	92.57	10.14

Plan: Vision Service Plan (VSP)

Effective : **10/1/2008**

Total Cost of Plan **\$30.24**

Hours	% Per Contract	Employee and/or Dependants	
		Employee Contributions	District Contributions
7.50	100%	3.92	26.32
7.00	93%	5.67	24.57
6.50	87%	7.43	22.81
6.00	80%	9.18	21.06
5.50	73%	10.94	19.30
5.00	67%	12.69	17.55
4.50	60%	14.45	15.79
4.00	53%	16.20	14.04
Employees working less than 20 hrs/week are not eligible.			
3.75	50%	17.08	13.16
3.50	47%	17.96	12.28
3.00	40%	19.71	10.53
2.75	37%	20.59	9.65
2.50	33%	21.47	8.77
1.75	23%	24.10	6.14
1.50	20%	24.98	5.26
1.00	13%	26.73	3.51

SAN LORENZO UNIFIED SCHOOL DISTRICT
PERSONNEL DEPARTMENT
CSEA BARGAINING UNIT MEMBERS
C.O.B.R.A. HEALTH PLAN RATES
(Effective October 1, 2008)

	MONTHLY PREMIUM*
PacifiCare POS	
Employee Only	\$736.34
Employee + 1	\$1,552.13
Employee + 2 or more	\$2,098.49
PacifiCare HMO (HIGH)	
Employee Only	\$717.81
Employee + 1	\$1,513.13
Employee + 2 or more	\$2,045.74
PacifiCare HMO (LOW)	
Employee Only	\$473.95
Employee + 1	\$999.08
Employee + 2 or more	\$1,350.77
Kaiser (HIGH)	
Employee Only	\$595.90
Employee + 1	\$1,191.81
Employee + 2 or more	\$1,686.42
Kaiser (LOW)	
Employee Only	\$418.19
Employee + 1	\$836.38
Employee + 2 or more	\$1,183.49
Delta Dental	\$104.76
VSP Vision	\$30.84

***Monthly premium includes a 2% administration fee.**