

APPENDIX A

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT
Employee Benefits Department

CERTIFICATED EMPLOYEE BENEFITS 2017-2018

Benefit	Rate Effective Date	Total 10 Month Premium	Monthly Cost to District	Monthly Cost for 10 Month Employee
KAISER \$20 COPAY - Emp Only	7/17	863.87	750.00	113.87
Employee w/dependent coverage	7/17	1,986.90	1080.00	906.90
KAISER HSA/HDHP - Emp Only	7/17	659.00	659.00	0.00
Employee w/dependent coverage	7/17	1,515.71	1080.00	435.71
SUTTER HEALTH PLUS – Emp Only	7/17	807.16	750.00	57.16
Employee w/dependent coverage	7/17	1,856.34	1080.00	776.34
WESTERN HLTH ADV HMO \$20 – Emp Only	7/17	890.69	750.00	140.69
Employee w/dependent coverage	7/17	2,051.03	1080.00	971.03
WESTERN HLTH ADV Hospital Copay – Emp Only	7/17	811.44	750.00	61.44
Employee w/dependent coverage	7/17	1,867.91	1080.00	787.91
WESTERN HLTH ADV HSA/HDHP – Emp Only	7/17	659.14	659.14	0.00
Employee w/dependent coverage	7/17	1,515.54	1080.00	435.54
In lieu of medical amount – paid for 10 months	7/06		210.20	
District paid cap for employee only for medical	7/17		750.00	
District paid cap for employee + family medical	7/17		1080.00	
DELTA DENTAL PREMIER -Grp. #7006-0106	7/16			
Employee only		78.50	78.50	0.00
Employee w/one dependent		149.15	78.50	70.65
Employee w/two or more dependents		227.65	78.50	149.15
DELTA CARE – Employee only	7/15	24.23	24.23	0.00
Employee w/one dependent	7/15	40.00	40.00	0.00
Employee w/two or more dependents	7/15	59.16	59.16	0.00
SUPERIOR VISION PLAN - Grp # 27034	7/06			
Employee w/dependent coverage		28.97	28.97	0.00
UNUM LIFE INSURANCE - Policy# 801342 (\$50,000 + \$5,000/dep)	9/17	11.09	11.09	0
EMPLOYEE ASSISTANCE PROGRAM	7/15	3.44	3.44	0
RETIREMENT--STRS	7/17		14.43%	10.25%
MEDICARE	1/93		1.45%	
UNEMPLOYMENT INSURANCE	7/16		.05%	
WORKERS' COMPENSATION	7/17		1.67%	
Note: Rates shown are for full-time employees; rates for part-time employees who work less than 8 hours are pro-rated.				

