

Orcutt Union School District

2021-2022 BENEFIT PLAN SELECTION

10thly Rates
Rates effective 10/1/2021

PRINT NAME: _____

| Anthem PPO | | | |
|--------------------|--------------------|--------------------|---------------|
| 90-D \$10; RX 7-25 | | | |
| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM |
| Single | \$308.40 | \$816.00 | \$1,124.40 |
| Two Party | \$928.32 | \$1,270.08 | \$2,198.40 |
| Family | \$1,308.50 | \$1,777.90 | \$3,086.40 |

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| Anthem PPO | | | |
|--------------------|--------------------|--------------------|---------------|
| 90-G \$20; RX 7-25 | | | |
| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM |
| Single | \$225.60 | \$816.00 | \$1,041.60 |
| Two Party | \$762.72 | \$1,270.08 | \$2,032.80 |
| Family | \$1,073.30 | \$1,777.90 | \$2,851.20 |

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| Anthem PPO | | | |
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| 80-E \$20; RX 7-25 | | | |
| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM |
| Single | \$198.00 | \$816.00 | \$1,014.00 |
| Two Party | \$707.52 | \$1,270.08 | \$1,977.60 |
| Family | \$994.10 | \$1,777.90 | \$2,772.00 |

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| Anthem PPO | | | |
|--------------------|--------------------|--------------------|---------------|
| 80-G \$20; RX 7-25 | | | |
| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM |
| Single | \$141.60 | \$816.00 | \$957.60 |
| Two Party | \$594.72 | \$1,270.08 | \$1,864.80 |
| Family | \$833.30 | \$1,777.90 | \$2,611.20 |

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| Anthem PPO (new option) | | | |
|-------------------------|--------------------|--------------------|---------------|
| 80-L \$30; RX 9-35 | | | |
| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM |
| Single | \$6.00 | \$780.00 | \$822.00 |
| Two Party | \$329.52 | \$1,270.08 | \$1,599.60 |
| Family | \$461.30 | \$1,777.90 | \$2,239.20 |

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SIGNATURE: _____

DATE: _____

Orcutt Union School District

2021-2022 BENEFIT PLAN SELECTION

10thly Rates
Rates effective 10/1/2021

NAME: _____

VISION SERVICE PLAN (VSP)

| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM | |
|-----------|--------------------|--------------------|---------------|--|
| Single | \$0.00 | \$15.00 | \$15.00 | |
| Two Party | \$15.00 | \$15.00 | \$30.00 | |
| Family | \$30.00 | \$15.00 | \$45.00 | |

DELTA DENTAL PPO (NO ORTHO)

| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM | |
|-----------|--------------------|--------------------|---------------|--|
| Single | \$0.00 | \$58.80 | \$58.80 | |
| Two Party | \$46.56 | \$74.64 | \$121.20 | |
| Family | \$92.16 | \$74.64 | \$166.80 | |

DELTA DENTAL INCENTIVE (WITH ORTHO)

| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM | |
|-----------|--------------------|--------------------|---------------|--|
| Single | \$0.00 | \$68.88 | \$68.88 | |
| Two Party | \$68.16 | \$74.64 | \$142.80 | |
| Family | \$147.12 | \$74.64 | \$221.76 | |

ANTHEM DENTAL (WITH ORTHO)

| | AMT PD BY EMPLOYEE | AMT PD BY DISTRICT | TOTAL PREMIUM | |
|-----------|--------------------|--------------------|---------------|--|
| Single | \$0.00 | \$61.20 | \$61.20 | |
| Two Party | \$51.36 | \$74.64 | \$126.00 | |
| Family | \$99.36 | \$74.64 | \$174.00 | |

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