



AUHSD BENEFIT PREMIUM RATES
Plan Year - October 1, 2019 to September 30, 2020

Single Coverage AUHSD Contribution			\$ 835
Effective October 1, 2019			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	835	-	
Kaiser HSA	659	-	176
Anthem HMO Premier 10	922	87	
Anthem PPO 90-G \$20	893	58	
Anthem PPO 80-G \$20	824	-	
Anthem HSA	673	-	162

2-Party Coverage AUHSD Contribution			\$ 1,669
Effective October 1, 2019			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	1,669	-	
Kaiser HSA	1,318	-	351
Anthem HMO Premier 10	1,847	178	
Anthem PPO 90-G \$20	1,788	119	
Anthem PPO 80-G \$20	1,646	-	
Anthem HSA	1,386	-	283

Family Coverage AUHSD Contribution			\$ 2,170
Effective October 1, 2019			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	2,170	-	
Kaiser HSA	1,713	-	457
Anthem HMO Premier 10	2,397	227	
Anthem PPO 90-G \$20	2,321	151	
Anthem PPO 80-G \$20	2,136	-	
Anthem HSA	1,803	-	367

Dental & Vision Plans	Composite Rate	Employee Deduction
Delta Dental Incentive Plan-Wide Network	112.60	-
Delta Dental PPO Unlimited-Narrow Network	147.20	34.60
Vision Service Plan \$ 5, \$150 Frame	22.20	-
Vision Service Plan \$ 0, \$200 Frame	26.80	4.60

Based on 1.0 FTE