

RIVERSIDE UNIFIED SCHOOL DISTRICT
10thly PREMIUMS
EFFECTIVE 1/1/2021 through 12/31/2021
CERTIFICATED EMPLOYEES

PENDING NEGOTIATIONS

| | | | | <u>Full-time</u> 75%+ | <u>70%</u> 65-74.9% | <u>60%</u> 55-64.9% | <u>50%</u> 45-54.9% | <u>40%</u> 40-44.9% |
|---|-----------------------|-----------------------------------|----------|--|------------------------|------------------------|------------------------|------------------------|
| For any medical plan selected, RUSD will contribute: → | | | | \$1,178.00 | \$824.60 | \$706.80 | \$589.00 | \$471.20 |
| | | | | <u>Employees Pay the following tenthly payroll deduction based on their weekly FTE:</u> | | | | |
| | <u>10thly Premium</u> | <u>2019 RUSD Cap</u> | | <u>Full-time</u> | <u>70%</u> | <u>60%</u> | <u>50%</u> | <u>40%</u> |
| RUSD PPO Plan | | | | | | | | |
| <u>PPO</u> | \$2,498.01 | - \$1,178.00 | = | \$1,320.01 | \$1,673.41 | \$1,791.21 | \$1,909.01 | \$2,026.81 |
| <u>High Deductible PPO</u> | \$2,295.58 | - \$1,178.00 | = | \$1,117.58 | \$1,470.98 | \$1,588.78 | \$1,706.58 | \$1,824.38 |
| Kaiser Plan (VEBA) | \$1,760.40 | - \$1,178.00 | = | \$582.40 | \$935.80 | \$1,053.60 | \$1,171.40 | \$1,289.20 |
| RUSD EPO Plan | | | | | | | | |
| <u>EPO</u> | \$1,318.70 | - \$1,178.00 | = | \$140.70 | \$494.10 | \$611.90 | \$729.70 | \$847.50 |
| <u>High Deductible EPO</u> | \$1,184.97 | - \$1,178.00 | = | \$6.97 | \$360.37 | \$478.17 | \$595.97 | \$713.77 |
| Delta Dental | \$140.03 | - \$95.49 | = | \$44.54 | \$73.19 | \$82.74 | \$92.29 | \$101.83 |
| Preferred Advantage Dental <i>Includes ortho</i> | \$102.87 | - \$83.80 | = | \$19.07 | \$44.21 | \$52.59 | \$60.97 | \$69.35 |
| Metlife Dental <i>Includes ortho</i> | \$35.00 | - \$37.30 | = | \$0.00 | \$8.89 | \$12.62 | \$16.35 | \$20.08 |
| Metlife Ortho | \$3.60 | - No District Contribution | = | \$ 3.60 | \$ 3.60 | \$ 3.60 | \$ 3.60 | \$ 3.60 |
| <i>This option only available to those with Delta Dental. Ortho is included on Metlife & Preferred Advantage.</i> | | | | | | | | |

MEDICAL/DENTAL BENEFIT WAIVER INFO

For employees with verifiable benefits outside of RUSD, or with an RUSD benefit-eligible spouse

TENTHLY WAIVER STIPEND MEDICAL AND DENTAL

| | <u>Full-time</u> 75%+ | <u>70%</u> 65-74.9% | <u>60%</u> 55-64.9% | <u>50%</u> 45-54.9% | <u>40%</u> 40-44.9% |
|--------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|
| Medical only | \$50.00 | \$35.00 | \$30.00 | \$25.00 | \$20.00 |
| Dental only | \$15.00 | \$10.50 | \$9.00 | \$7.50 | \$6.00 |
| Medical and dental | \$65.00 | \$45.50 | \$39.00 | \$32.50 | \$26.00 |

TENTHLY WAIVER STIPEND MEDICAL AND DENTAL ONLY FOR EMPLOYEES WITH BENEFIT ELIGIBLE SPOUSE IN RUSD

| | | | | | |
|--------------------|---------|---------|---------|---------|---------|
| Medical only | \$75.00 | \$52.50 | \$45.00 | \$37.50 | \$30.00 |
| Dental only | \$15.00 | \$10.50 | \$9.00 | \$7.50 | \$6.00 |
| Medical and dental | \$90.00 | \$63.00 | \$54.00 | \$45.00 | \$36.00 |