# RIVERSIDE UNIFIED SCHOOL DISTRICT 10thly PREMIUMS

## EFFECTIVE 1/1/2021 through 12/31/2021

MANAGEMENT EMPLOYEES

PENDING NEGOTIATION	S									
					Full-time	<u>70%</u>	<u>60%</u>	<u>50%</u>	<u>40%</u>	
					75%+	65-74.9%	55-64.9%	45-54.9%	40-44.9%	
For any medical plan selected, RUSD will contribute: $$				\$1,218.00	\$852.60	\$730.80	\$609.00	\$487.20		
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	40411				<u> </u>	mployees Pay			_	
	10thly		2020		deduction based on their weekly FTE:					
	<u>Premium</u>		RUSD Cap							
RUSD PPO Plan					Full-time	<u>70%</u>	<u>60%</u>	<u>50%</u>	<u>40%</u>	
<u>PPO</u>	\$2,498.01	-	\$1,218.00	=	\$1,280.01	\$1,645.41	\$1,767.21	\$1,889.01	\$2,010.81	
High Deductible PPO	\$2,295.58	-	\$1,218.00	=	\$1,077.58	\$1,442.98	\$1,564.78	\$1,686.58	\$1,808.38	
Kaiser Plan (VEBA)	\$1,760.40	-	\$1,218.00	=	\$542.40	\$907.80	\$1,029.60	\$1,151.40	\$1,273.20	
RUSD EPO Plan										
<u>EPO</u>	\$1,318.70	-	\$1,218.00	=	\$100.70	\$466.10	\$587.90	\$709.70	\$831.50	
High Deductible EPO	\$1,184.97	-	\$1,218.00	=	\$0.00	\$332.37	\$454.17	\$575.97	\$697.77	
Delta Dental	\$140.03		\$95.49		\$44.54	<b>\$73.19</b>	\$82.74	\$92.29	\$101.83	
<u>Delta Dental</u>	\$140.03	-	φ <del>9</del> 5.49	=	<b>\$44.54</b>	<b>Φ/3.19</b>	<b>\$02.74</b>	<b>Φ92.29</b>	\$101.63	
Preferred Advantage										
Dental Includes ortho	\$102.87	-	\$83.80	=	\$19.07	\$44.21	\$52.59	\$60.97	\$69.35	
Metlife Dental	\$35.00	-	\$37.30	=	\$0.00	\$8.89	\$12.62	\$16.35	\$20.08	
Includes ortho										
	** **		No District			<b>A</b> 0.55				
Metlife Ortho	\$3.60	-	Contribution	=	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	
This option only available to the										
Ortho is included on Metlife & P	rererrea Aavanta	ge.			ENIEEIT WANGE					

### 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>	<u>70%</u>	<u>60%</u>	<u>50%</u>	<u>40%</u>
	75%+	65-74.9%	55-64.9%	45-54.9%	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

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	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