

**LUCIA MAR UNIFIED SCHOOL DISTRICT  
2017-2018 MANAGEMENT INSURANCE RATES**

**YOUR ANNUAL DISTRICT PAID BENEFIT (FULL-TIME EMPLOYEES): \$10,000.00**

<b>MEDICAL PLAN M1 (40308B)</b>		<u>w/ DELTA DENTAL PREMIER (7074-8216)</u>	<b>OR</b>	<u>w/ DELTA DENTAL PPO (7074-8316)</u>
<b>Daily Hours</b>	<b>District Pays</b>	<b>You Pay (10thly)</b>		<b>You Pay (10thly)</b>
8 HOURS	\$1,000.00	\$794.24		\$785.84
7 HOURS	\$875.00	\$920.01		\$911.61
6 HOURS	\$750.00	\$1,045.77		\$1,037.37
5 HOURS	\$625.00	\$1,171.54		\$1,163.14
4 HOURS	\$500.00	\$1,297.30		\$1,288.90

<b>MEDICAL PLAN M2 (40308F)</b>		<u>w/ DELTA DENTAL PREMIER (7074-8216)</u>	<b>OR</b>	<u>w/ DELTA DENTAL PPO (7074-8316)</u>
<b>Daily Hours</b>	<b>District Pays</b>	<b>You Pay (10thly)</b>		<b>You Pay (10thly)</b>
8 HOURS	\$1,000.00	\$695.84		\$687.44
7 HOURS	\$875.00	\$821.61		\$813.21
6 HOURS	\$750.00	\$947.37		\$938.97
5 HOURS	\$625.00	\$1,073.14		\$1,064.74
4 HOURS	\$500.00	\$1,198.90		\$1,190.50

<b>MEDICAL PLAN M3 (40308C)</b>		<u>w/ DELTA DENTAL PREMIER (7074-8216)</u>	<b>OR</b>	<u>w/ DELTA DENTAL PPO (7074-8316)</u>
<b>Daily Hours</b>	<b>District Pays</b>	<b>You Pay (10thly)</b>		<b>You Pay (10thly)</b>
8 HOURS	\$1,000.00	\$538.64		\$530.24
7 HOURS	\$875.00	\$664.41		\$656.01
6 HOURS	\$750.00	\$790.17		\$781.77
5 HOURS	\$625.00	\$915.94		\$907.54
4 HOURS	\$500.00	\$1,041.17		\$1,033.30

<b>MEDICAL PLAN M4 (40726F)</b>		<u>w/ DELTA DENTAL PREMIER (7074-8216)</u>	<b>OR</b>	<u>w/ DELTA DENTAL PPO (7074-8316)</u>
<b>Daily Hours</b>	<b>District Pays</b>	<b>You Pay (10thly)</b>		<b>You Pay (10thly)</b>
8 HOURS	\$1,000.00	\$235.04		\$226.64
7 HOURS	\$875.00	\$360.81		\$352.41
6 HOURS	\$750.00	\$486.57		\$478.17
5 HOURS	\$625.00	\$612.34		\$603.94
4 HOURS	\$500.00	\$738.10		\$729.70

<b>2 Tier Anchor Bronze (70309B) NO DENTAL/VISION</b>		<u>EMPLOYEE ONLY</u>	<b>OR</b>	<u>EMPLOYEE + CHILD(REN)</u>
<b>Daily Hours</b>	<b>District Pays</b>	<b>You Pay (10thly)</b>		<b>You Pay (10thly)</b>
8 HOURS	\$1,000.00	\$0.00		\$3.20
7 HOURS	\$875.00	\$0.00		\$128.20
6 HOURS	\$750.00	\$0.00		\$253.20
5 HOURS	\$625.00	\$14.60		\$378.20
4 HOURS	\$500.00	\$139.60		\$503.20

Packages M1-M4 include \$50,000 Life Ins, Vision, Behavioral Health & Supplemental Cancer coverage

**The Deadline to turn in benefit forms for Open Enrollment:  
June 9, 2017**