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FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN Summary of Active and Retiree Medical Health Insurance Rates

MEDICAL - Effective April 1, 2012

Premiums	PLAN A (Standard Plan – Default)		PLAN B (Alternate Plan)		PLAN C (Kaiser Plan)	
	12 Month	10 Month	12 Month	10 Month	12 Month	10 Month
All Actives and Retirees Under Age 65¹						
Employee Only	\$160	\$192	\$60	\$72	\$160	\$192
Employee, Child/Children	\$175	\$210	\$70	\$84	\$175	\$210
Employee & Spouse/Domestic Partner	\$220	\$264	\$90	\$108	\$220	\$264
Employee & Family	\$230	\$276	\$100	\$120	\$230	\$276
Note: Health Assessment Premiums – All Active Employees enrolled in the District’s medical plans will pay, through payroll deduction, an additional \$10 or \$12 Health Assessment Fee depending on whether you are paid 10 or 12 monthly payments. Retirees Under 65 pay one monthly \$10 assessment fee regardless of number of dependents.						
All Retirees Over Age 65 but less than Age 75¹ Each person pays only the \$10.00 Health assessment fee as noted below:						
Retiree		\$10		\$10		Not Available to Retirees Over Age 65
Spouse (any age spouse age 74 and under)		\$10		\$10		
Children (per child with a \$40.00 family maximum)		\$10		\$10		
All Retirees Age 75 and Older						
Retiree		No charge		No charge		Not Available to Retirees Over Age 65
Spouse Age 75+		No charge		No charge		
Spouse Under Age 75		\$10 ¹		\$10 ¹		

Note: Retiree monthly Health Assessment Premiums based on Retiree’s Age, with the exception of spouse Age 75 and Older who pays \$0.

¹ Exempt: FURA Retirees who retired prior to April 17, 2006; and any Retiree who retired after April 17, 2006 but before August 31, 2006 who met and signed the “Agreement for the Provisions of District-Paid Retirement Health Benefits.”

FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN

Summary of Active and Retiree Dental Insurance Rates

DENTAL - Effective April 1, 2012

All Actives (based on Eligibility)

DELTA DENTAL PPO			PACIFIC UNION DENTAL		
Active Employees working <u>more</u> than 4 hours per day/20 hours per week:			Active Employees working <u>more</u> than 4 hours per day/20 hours per week:		
<u>Premiums</u>	<u>12 Month</u>	<u>10 Month</u>	<u>Premiums</u>	<u>12 Month</u>	<u>10 Month</u>
Employee	No Cost	No Cost	Employee or Family	No Cost	No Cost
One Dependent	\$33.05	\$39.66			
Two or more	\$51.57	\$61.88			
Active Employees working <u>less</u> than 4 hours per day/20 hours per week:			Active Employees working <u>less</u> than 4 hours per day/20 hours per week:		
Delta Dental Not Available			<u>Premiums</u>	<u>12 Month</u>	<u>10 Month</u>
			Employee or Family	\$43.75	\$52.49

All Retirees (based on Eligibility)

DELTA DENTAL PPO		PACIFIC UNION DENTAL	
	<u>Monthly</u>		<u>Monthly</u>
Retiree	\$51.00	Retiree	\$31.00
Retiree and Spouse	\$102.00	Retiree and Spouse	\$62.00
Retiree and Family	\$149.00	Retiree and Family	\$87.00

FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN

Summary of Active and Retiree Vision Insurance Rates

VISION - Effective January 1, 2013¹

All Actives (based on Eligibility)

MEDICAL EYE SERVICES (MES)		
Active Employees working <u>more</u> than 4 hours per day/20 hours per week:		
<u>Premiums</u>	<u>12 Month</u>	<u>10 Month</u>
Employee	No Cost	No Cost
One Dependent	No Cost	No Cost
Two or more	No Cost	No Cost
Active Employees working <u>less</u> than 4 hours per day/20 hours per week:		
<u>Premiums</u>	<u>12 Month</u>	<u>10 Month</u>
CSEA Employees ²	\$7.59	\$9.11
All Other Employees	\$12.15	\$14.58

All Retirees (based on Eligibility)

MEDICAL EYE SERVICES (MES)	
	<u>Monthly</u>
Retiree	\$7.00
Retiree and Spouse	\$11.00
Retiree and Family	\$17.00

¹ Medical Eye Services (MES) replaces Vision Service Plan and Safeguard effective January 1, 2013.

² Employed by FUSD for 3 or more years, per collective bargaining agreement.

FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
Summary of Life Insurance Rates
Effective April 1, 2012

STANDARD INSURANCE COMPANY - Basic Life 600762 C
Active Employees Only

Fresno Unified School District provides Basic Life and Accidental Death & Dismemberment Insurance, at no cost, to eligible employees. Eligible employees must work at least 4 hours per day/20 hours per week.

The amount of your term life insurance is determined by age, from the following table:

Under age 25	\$ 56,784.00	50 – 54	\$14,196.00
25 – 29	49,686.00	55 – 59	11,357.00
30 – 34	42,588.00	60 – 64	9,582.00
35 – 39	36,555.00	65 – 69	6,229.00
40 – 44	29,102.00	70 or over	4,049.00
45 – 49	21,826.00		

OPTIONAL - DEPENDENT LIFE INSURANCE \$6.00 PER YEAR
Active Employees Only

Schedule For Dependents:	
Spouse Dependent	\$ 1,500.00
Children up to age 26	\$ 1,500.00