



## *Ocean View School District Medical Benefits*

### CERTIFICATED RATES - January 1 - December 31 2020

District Contribution determined by the Medical Tier:	100% FTE	50%
1 party	\$890	556.25
2 party	\$965	603.13
Family	\$1,145	715.63

	United Healthcare PPO	United Healthcare HMO	Kaiser
<b>Medical</b>			
Employee Only (Required)	\$2,027.00	\$969.00	\$731.00
Employee + One Dependent	\$4,032.00	\$1,841.00	\$1,444.00
Employee + Family	\$5,674.00	\$2,146.00	\$2,036.00

#### **Delta Dental PPO**

Employee Only (Required)	\$73.30
Employee + One Dependent	\$142.95
Employee + Family	\$216.26

#### **Vision Service Plan (VSP)**

Employee Only (Required)	\$17.06
Employee + One Dependent	26.21
Employee + Family	34.89

Voya/Reliastar Life \$10,000 (Required)	\$2.62
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Hartford LTD (Required)	Annual Salary divided by 100, divided by 10, times .29
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