

**CARLSBAD UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE INSURANCE TENTHLY RATES
CLASSIFIED AND MANAGEMENT STAFF**

BLUE SHIELD STANDARD OPTION

KAISER MEDICAL PLAN

30046		32046		Hours Worked Per Day	% FTE	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
30046	(Pre-Tax)								
02	50	8.0	100.00%	Family	\$142.37	\$958.61	\$1,100.98		
03	51	8.0	100.00%	Single	\$122.37	\$978.61	\$1,100.98		
04	52	7.5	93.75%	Family	\$202.28	\$898.70	\$1,100.98		
05	53	7.5	93.75%	Single	\$183.53	\$917.45	\$1,100.98		
06	54	7.0	87.50%	Family	\$262.20	\$838.78	\$1,100.98		
07	55	7.0	87.50%	Single	\$244.70	\$856.28	\$1,100.98		
08	56	6.5	81.25%	Family	\$322.11	\$778.87	\$1,100.98		
09	57	6.5	81.25%	Single	\$305.86	\$795.12	\$1,100.98		
10	58	6.0	75.00%	Family	\$382.02	\$718.96	\$1,100.98		
11	59	6.0	75.00%	Single	\$367.02	\$733.96	\$1,100.98		
12	60	5.5	68.75%	Family	\$441.94	\$659.04	\$1,100.98		
13	61	5.5	68.75%	Single	\$428.19	\$672.79	\$1,100.98		
14	62	5.0	62.50%	Family	\$501.85	\$599.13	\$1,100.98		
15	63	5.0	62.50%	Single	\$489.35	\$611.63	\$1,100.98		
16	64	4.5	56.25%	Family	\$561.76	\$539.22	\$1,100.98		
17	65	4.5	56.25%	Single	\$550.51	\$550.47	\$1,100.98		
18	66	4.0	50.00%	Family	\$621.67	\$479.31	\$1,100.98		
19	67	4.0	50.00%	Single	\$611.67	\$489.31	\$1,100.98		
20	68	3.5	43.75%	Family	\$681.59	\$419.39	\$1,100.98		
21	69	3.5	43.75%	Single	\$672.84	\$428.14	\$1,100.98		
22	70	3.0	37.50%	Family	\$741.50	\$359.48	\$1,100.98		
23	71	3.0	37.50%	Single	\$734.00	\$366.98	\$1,100.98		
24	72	2.5	31.25%	Family	\$801.41	\$299.57	\$1,100.98		
25	73	2.5	31.25%	Single	\$795.16	\$305.82	\$1,100.98		
26	74	2.0	25.00%	Family	\$881.33	\$239.65	\$1,100.98		
27	75	2.0	25.00%	Single	\$856.33	\$244.65	\$1,100.98		

Kaiser Post-Tax 33030	Kaiser Pre-Tax 33030 / 30030	Hours Worked Per Day	% FTE	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
02	50						
02	50	8.0	100.00%	Family	\$65.40	\$726.72	\$792.12
03	51	8.0	100.00%	Single	\$45.40	\$746.72	\$792.12
04	52	7.5	93.75%	Family	\$110.82	\$681.30	\$792.12
05	53	7.5	93.75%	Single	\$92.07	\$700.05	\$792.12
06	54	7.0	87.50%	Family	\$156.24	\$635.88	\$792.12
07	55	7.0	87.50%	Single	\$138.74	\$653.38	\$792.12
08	56	6.5	81.25%	Family	\$201.66	\$590.46	\$792.12
09	57	6.5	81.25%	Single	\$185.41	\$606.71	\$792.12
10	58	6.0	75.00%	Family	\$247.08	\$545.04	\$792.12
11	59	6.0	75.00%	Single	\$232.08	\$560.04	\$792.12
12	60	5.5	68.75%	Family	\$292.50	\$499.62	\$792.12
13	61	5.5	68.75%	Single	\$278.75	\$513.37	\$792.12
14	62	5.0	62.50%	Family	\$337.92	\$454.20	\$792.12
15	63	5.0	62.50%	Single	\$325.42	\$466.70	\$792.12
16	64	4.5	56.25%	Family	\$383.34	\$408.78	\$792.12
17	65	4.5	56.25%	Single	\$372.09	\$420.03	\$792.12
18	66	4.0	50.00%	Family	\$428.75	\$363.37	\$792.13
19	67	4.0	50.00%	Single	\$418.75	\$373.37	\$792.13
20	68	3.5	43.75%	Family	\$474.18	\$317.94	\$792.12
21	69	3.5	43.75%	Single	\$465.43	\$326.69	\$792.12
22	70	3.0	37.50%	Family	\$519.60	\$272.52	\$792.12
23	71	3.0	37.50%	Single	\$512.10	\$280.02	\$792.12
24	72	2.5	31.25%	Family	\$565.02	\$227.10	\$792.12
25	73	2.5	31.25%	Single	\$558.77	\$233.35	\$792.12
26	74	2.0	25.00%	Family	\$610.44	\$181.68	\$792.12
27	75	2.0	25.00%	Single	\$605.44	\$186.68	\$792.12

BLUE SHIELD "CUSTOM" HIGH OPTION

30047		32047		Hours Worked Per Day	% FTE	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
30047	(Pre-Tax)								
02	50	8.0	100.00%	Family	\$249.81	\$1,034.87	\$1,284.68		
03	51	8.0	100.00%	Single	\$209.81	\$1,074.87	\$1,284.68		
04	52	7.5	93.75%	Family	\$314.49	\$970.19	\$1,284.68		
05	53	7.5	93.75%	Single	\$276.99	\$1,007.69	\$1,284.68		
06	54	7.0	87.50%	Family	\$379.17	\$905.51	\$1,284.68		
07	55	7.0	87.50%	Single	\$344.17	\$940.51	\$1,284.68		
08	56	6.5	81.25%	Family	\$443.85	\$840.83	\$1,284.68		
09	57	6.5	81.25%	Single	\$411.35	\$873.33	\$1,284.68		
10	58	6.0	75.00%	Family	\$508.53	\$776.15	\$1,284.68		
11	59	6.0	75.00%	Single	\$478.53	\$806.15	\$1,284.68		
12	60	5.5	68.75%	Family	\$573.21	\$711.47	\$1,284.68		
13	61	5.5	68.75%	Single	\$545.71	\$738.97	\$1,284.68		
14	62	5.0	62.50%	Family	\$637.89	\$646.79	\$1,284.68		
15	63	5.0	62.50%	Single	\$612.89	\$671.79	\$1,284.68		
16	64	4.5	56.25%	Family	\$702.57	\$582.11	\$1,284.68		
17	65	4.5	56.25%	Single	\$680.07	\$604.61	\$1,284.68		
18	66	4.0	50.00%	Family	\$767.24	\$517.44	\$1,284.68		
19	67	4.0	50.00%	Single	\$747.24	\$537.44	\$1,284.68		
20	68	3.5	43.75%	Family	\$831.92	\$452.76	\$1,284.68		
21	69	3.5	43.75%	Single	\$814.42	\$470.26	\$1,284.68		
22	70	3.0	37.50%	Family	\$896.60	\$388.08	\$1,284.68		
23	71	3.0	37.50%	Single	\$881.60	\$403.08	\$1,284.68		
24	72	2.5	31.25%	Family	\$981.28	\$323.40	\$1,284.68		
25	73	2.5	31.25%	Single	\$948.78	\$335.90	\$1,284.68		
26	74	2.0	25.00%	Family	\$1,025.96	\$258.72	\$1,284.68		
27	75	2.0	25.00%	Single	\$1,015.96	\$268.72	\$1,284.68		

**CARLSBAD UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE INSURANCE TENTHLY RATES
CLASSIFIED AND MANAGEMENT STAFF
JANUARY 1, 2009 - DECEMBER 31, 2009**

DELTA DENTAL PPO (Dental Plan)

33650	33650 30170 Pre-Tax	Hours Worked Per Day	%	Tenthly Employee Cost	Tenthly CUSD Cost	Total Tenthly Premium
02	N/A	8.0	100.00%	\$-	\$116.38	\$116.38
03	51	7.5	93.75%	\$7.27	\$109.11	\$116.38
04	52	7.0	87.50%	\$14.55	\$101.83	\$116.38
05	53	6.5	81.25%	\$21.82	\$94.56	\$116.38
06	54	6.0	75.00%	\$29.09	\$87.29	\$116.38
07	55	5.5	68.75%	\$36.37	\$80.01	\$116.38
08	56	5.0	62.50%	\$43.64	\$72.74	\$116.38
09	57	4.5	56.25%	\$50.92	\$65.46	\$116.38
10	58	4.0	50.00%	\$58.19	\$58.19	\$116.39
11	59	3.5	43.75%	\$65.47	\$50.92	\$116.39
12	60	3.0	37.50%	\$72.74	\$43.64	\$116.38
13	61	2.5	31.25%	\$80.01	\$36.37	\$116.38
14	62	2.0	25.00%	\$87.28	\$29.10	\$116.38

DELTACARE DMO (Dental Plan)

32130	30360 32130 Pre-Tax	Hours Worked Per Day	%	Tenthly Employee Cost	Tenthly CUSD Cost	Total Tenthly Premium
02	N/A	8.0	100.00%	\$-	\$38.22	\$38.22
03	51	7.5	93.75%	\$2.39	\$35.83	\$38.22
04	52	7.0	87.50%	\$4.78	\$33.44	\$38.22
05	53	6.5	81.25%	\$7.17	\$31.05	\$38.22
06	54	6.0	75.00%	\$9.55	\$28.67	\$38.22
07	55	5.5	68.75%	\$11.94	\$26.28	\$38.22
08	56	5.0	62.50%	\$14.33	\$23.89	\$38.22
09	57	4.5	56.25%	\$16.72	\$21.50	\$38.22
10	58	4.0	50.00%	\$19.11	\$19.11	\$38.22
11	59	3.5	43.75%	\$21.50	\$16.72	\$38.22
12	60	3.0	37.50%	\$23.89	\$14.33	\$38.22
13	61	2.5	31.25%	\$26.28	\$11.94	\$38.22
14	62	2.0	25.00%	\$28.66	\$9.56	\$38.22

FBC (MOO) LIFE/AD&D INSURANCE

40500		Tenthly CUSD Cost	Total Tenthly Premium
03	Management - No dependent coverage	\$7.56	\$7.56
01	For employees working 4.0 hours or more - Includes dependent coverage	\$8.63	\$8.63
02	For employees working 4.0 hours or more - No dependent coverage	\$6.04	\$6.04

BLUE SHIELD VISION PLAN/MES

32960	32960 31290 Pre-Tax	Hours Worked Per Day	%	Tenthly Employee Cost	Tenthly CUSD Cost	Total Tenthly Premium
02	N/A	8.0	100.00%	\$-	\$20.18	\$20.18
03	51	7.5	93.75%	1.26	\$18.92	\$20.18
04	52	7.0	87.50%	2.52	\$17.66	\$20.18
05	53	6.5	81.25%	3.78	\$16.40	\$20.18
06	54	6.0	75.00%	5.04	\$15.14	\$20.18
07	55	5.5	68.75%	6.31	\$13.87	\$20.18
08	56	5.0	62.50%	7.57	\$12.61	\$20.18
09	57	4.5	56.25%	8.83	\$11.35	\$20.18
10	58	4.0	50.00%	10.09	\$10.09	\$20.18
11	59	3.5	43.75%	11.35	\$8.83	\$20.18
12	60	3.0	37.50%	12.61	\$7.57	\$20.18
13	61	2.5	31.25%	13.87	\$6.31	\$20.18
14	62	2.0	25.00%	15.13	\$5.05	\$20.18

**CARLSBAD UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE INSURANCE TENTHLY RATES
CERTIFICATED STAFF (Non-Management)
JANUARY 1, 2009 - DECEMBER 31, 2009**

BLUE SHIELD STANDARD POS MEDICAL PLAN

30046	30046 32046 (Pre-Tax)	%	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
32	76	100%	Family	\$142.37	\$958.61	\$1,100.98
33	77	100%	Single	\$122.37	\$978.61	\$1,100.98
JOB SHARE ONLY						
34	78	60%	Family	\$525.81	\$575.17	\$1,100.98
35	79	60%	Single	\$513.81	\$587.17	\$1,100.98
36	80	50%	Family	\$624.33	\$476.65	\$1,100.98
37	81	50%	Single	\$614.33	\$486.65	\$1,100.98
38	82	40%	Family	\$720.72	\$380.26	\$1,100.98
39	83	40%	Single	\$712.72	\$388.26	\$1,100.98
40	84	33.30%	Family	\$785.30	\$315.68	\$1,100.98
41	85	33.30%	Single	\$778.64	\$322.34	\$1,100.98
42	86	20%	Family	\$913.50	\$187.48	\$1,100.98
43	87	20%	Single	\$909.50	\$191.48	\$1,100.98

KAISER HMO MEDICAL PLAN

33030	33030 30030 (Pre-Tax)	%	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
35	76	100%	Family	\$65.40	\$726.72	\$792.12
36	77	100%	Single	\$45.40	\$746.72	\$792.12
JOB SHARE ONLY						
					\$-	
37	78	60%	Family	\$356.09	\$436.03	\$792.12
38	79	60%	Single	\$341.20	\$450.92	\$792.12
39	80	50%	Family	\$425.14	\$366.98	\$792.12
40	81	50%	Single	\$415.14	\$376.98	\$792.12
41	82	40%	Family	\$497.09	\$295.03	\$792.12
42	83	40%	Single	\$489.09	\$303.03	\$792.12
43	84	33.30%	Family	\$545.30	\$246.82	\$792.12
44	85	33.30%	Single	\$538.64	\$253.48	\$792.12
45	86	20%	Family	\$640.99	\$151.13	\$792.12
46	87	20%	Single	\$636.99	\$155.13	\$792.12

BLUE SHIELD HIGH/CUSTOM MEDICAL PLAN

30047	30047 32047 (Pre-Tax)	%	Type of Coverage	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
32	76	100%	Family	\$249.81	\$1,034.87	\$1,284.68
33	77	100%	Single	\$209.81	\$1,074.87	\$1,284.68
JOB SHARE ONLY						
34	78	60%	Family	\$666.24	\$618.44	\$1,284.68
35	79	60%	Single	\$642.24	\$642.44	\$1,284.68
36	80	50%	Family	\$770.35	\$514.33	\$1,284.68
37	81	50%	Single	\$750.35	\$534.33	\$1,284.68
38	82	40%	Family	\$874.46	\$410.22	\$1,284.68
39	83	40%	Single	\$858.46	\$426.22	\$1,284.68
40	84	33.30%	Family	\$944.21	\$340.47	\$1,284.68
41	85	33.30%	Single	\$930.89	\$353.79	\$1,284.68
42	86	20%	Family	\$1,082.67	\$202.01	\$1,284.68
43	87	20%	Single	\$1,074.67	\$210.01	\$1,284.68

**CARLSBAD UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE INSURANCE TENTHLY RATES
CERTIFICATED STAFF (Non-Management)
JANUARY 1, 2009 - DECEMBER 31, 2009**

FBC (MOO) LIFE/AD&D INSURANCE

40500		CUSD Tenthy Cost	Total Tenthy Premium
03	Management - No dependents coverage	\$7.56	\$7.56
01	For employees with 60% contract or more - With dependent coverage	\$8.63	\$8.63
02	For employees with 60 % contract or more - No dependent coverage	\$6.04	\$6.04

BLUE SHIELD VISION PLAN/MES

32960	32960 31290 (Pre-Tax)	%	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
02	N/A	60 - 100	\$-	\$20.18	\$20.18
JOB SHARE ONLY					
26	40	60	8.07	\$12.11	\$20.18
10	41	50	10.09	\$10.09	\$20.18
24	42	40	12.11	\$8.07	\$20.18
27	43	33.3	13.46	\$6.72	\$20.18
25	44	20	16.14	\$4.04	\$20.18

DELTA DENTAL PPO (Dental Plan)

33650	33650 30170 (Pre-Tax)	%	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
02	N/A	60 - 100	\$-	\$116.38	\$116.38
JOB SHARE ONLY					
18	67	60	\$46.55	\$69.83	\$116.38
10	58	50	\$58.19	\$58.19	\$116.38
19	64	40	\$69.83	\$46.55	\$116.38
20	65	33.3	\$77.62	\$38.76	\$116.38
21	66	20	\$93.08	\$23.29	\$116.38

DELTACARE DMO (Dental Plan)

32130	32130 30360 (Pre-Tax)	%	Tenthy Employee Cost	Tenthy CUSD Cost	Total Tenthy Premium
02	N/A	60 - 100	\$-	\$38.22	\$38.22
JOB SHARE ONLY					
22	40	60	\$15.29	\$22.93	\$38.22
10	58	50	\$19.11	\$19.11	\$38.22
24	42	40	\$22.93	\$15.29	\$38.22
25	43	33.3	\$25.49	\$12.73	\$38.22
26	44	20	\$30.58	\$7.64	\$38.22