

Monthly Premium and Contribution Table

Employee cost for group insurance plan participation is determined by classification and appointment.

Full-time employees receive full District contribution toward the insurance premium cost.

PCCD Cost *			
Coverage Level			
Group Insurance Plans	Single	Two-party	Three or more
Kaiser (rate in effect through 8/31/08)	406.20	812.40	1149.55
CoreSource (rate in effective through 8/31/08)	506.35	1131.32	1699.61
Delta Dental (rate in effect through 08/30/08)	60.97	103.65	158.62
United Health Care Dental (rate in effect through 08/31/08)	23.84	38.15	58.41
<ul style="list-style-type: none"> • <i>The District's contribution for other benefit-eligible employees (classified and confidential) is based on the assigned FTE for the position.</i> • <i>These rates are the basis of COBRA continuation benefit rates.</i> 			

Other PCCD Benefit Costs		
	Employee Cost	Employer Cost
Life Insurance and LTD		
Life & ADD	0.000	.315 /\$1000 of salary
LTD	0.000	.325/\$100 of salary
Dependent Life Insurance Rate	0.000	.350 /dependent
Employee Assistance Program	0.000	\$2.33/family
Mandatory Retirement Plans	Contribution as a percent of salary	
STRS (State Teacher Retirement System)		
10-month academic appointment	9.600	8.250
11-month academic appointment	8.727	8.250
12-month academic appointment	8.000	8.250
Cash Balance Plan-retirement plan for part-time faculty	4.000	4.000
PERS (Public Employees Retirement System)	7.000	9.306
APPLE Accumulation Program for Part time and Limited Service Employees (Managed by MidAmerica)	3.750	3.750
Social Security (For first \$97,500 in PCCD wages for 2007)	6.200	6.200
Medicare	1.450	1.450