



Submit Renewal Acceptance/Enrollment To: BRMS

Secure Email: CharterLIFE@brmsonline.com

Phone: 866.755.6651 (option 2)

Fax: 916.467.1404

Member ID: Vbas # 2050

2018/2019 El Camino Real Charter High School Benefits Renewal

Pre-HR Meeting Scheduled/Completed:

CharterLIFE™ Renewal Rates 2018/2019							SCc	FINAL							
Tier	BC HMO High	BC HMO Low	BC HMO Base	BC PPO High	BC PPO Low	BC PPO Base		Kaiser HMO High - Composite	Kaiser HMO Low - Composite	Dental PPO 2000	Dental PPO 1000	DeltaCare HMO	VSP VISION	Life 25,000	Life 50,000
Employee Only	\$606.24	\$574.08	\$535.19	\$924.08	\$847.88	\$655.31		\$1,141.52	\$1,038.70	\$55.09	\$46.04	\$13.91	\$9.38	\$2.68	\$5.37
Employee+1								\$1,141.52	\$1,038.70	\$106.26	\$89.57	\$26.52	\$18.54		
EE + Sp	\$1,333.74	\$1,268.74	\$1,177.43	\$2,032.99	\$1,865.35	\$1,441.67								-	226
EE + Chld/ren	\$1,101.33	\$1,038.06	\$963.37	\$1,663.36	\$1,526.20	\$1,179.56									
Family	\$1,879.02	\$1,779.64	\$1,659.12	\$2,864.67	\$2,628.44	\$2,031.45		\$1,141.52	\$1,038.70	\$176.94	\$147.01	\$42.76	\$30.36		
Total EE's	43	-	2	16	34	2		94	8	70	115	25	206		

Current Enrollment and Premium															
Tier	BC HMO High	BC HMO Low	BC HMO Base	BC PPO High	BC PPO Low	BC PPO Base		Kaiser HMO High - Composite	Kaiser HMO Low - Composite	Dental PPO 2000	Dental PPO 1000	DeltaCare HMO	VSP VISION	Life 25,000	Life 50,000
Employee Only	8		1	10	12	1		23	3	23	31	6	57		226
Employee+1								27	0	25	19	7	52		
EE + Sp	2		0	2	6	0									
EE + Chld/ren	9		0	2	1	0									
Family	24		1	2	15	1		44	5	22	65	12	97		226
Total EE's	43		2	16	34	2		94	8	70	115	25	206		
Monthly	\$ 61,414.44		\$ 2,154.68	\$ 21,109.92	\$ 58,383.45	\$ 2,487.99		\$ 107,793.56	\$ 8,346.80	\$ 7,816.25	\$ 12,684.72	\$ 782.22	\$ 4,443.66		\$ 1,213.60
Monthly New	\$ 62,525.85		\$ 2,194.31	\$ 22,362.84	\$ 62,319.46	\$ 2,686.76		\$ 107,302.88	\$ 8,309.60	\$ 7,816.25	\$ 12,684.72	\$ 782.22	\$ 4,443.66		\$ 1,213.60
Annual	\$ 736,973.28		\$ 25,856.16	\$ 253,319.04	\$ 700,601.40	\$ 29,855.88		\$ 1,293,522.72	\$ 100,161.60	\$ 93,795.00	\$ 152,216.64	\$ 9,386.64	\$ 53,323.92		\$ 14,563.20
Annual New	\$ 750,310.20		\$ 26,331.72	\$ 268,354.08	\$ 747,833.52	\$ 32,241.12		\$ 1,287,634.56	\$ 99,715.20	\$ 93,795.00	\$ 152,216.64	\$ 9,386.64	\$ 53,323.92		\$ 14,563.17
Change (+/-) %	1.81%		1.84%	5.94%	6.74%	7.99%		-0.46%	-0.45%	0.00%	0.00%	0.00%	0.00%		0.00%

*some figures may be rounded up/down for this presentation, please refer to your bill for the exact cost.

** Cobra participants are not included in this representation of your renewal

Premium Summary	CURRENT	RENEWAL
Monthly Premium*	\$288,631.29	\$294,642.15
Annual Premium*	\$3,463,575.48	\$3,535,705.77
Monthly Increase*		\$6,010.86
Annual Increase*		\$72,130.29
Increase %		2.08%

CharterLIFE™

Administered by: Benefit & Risk Management Services, Inc. PO BOX 2080, Folsom, CA 95630
Secure Email: CharterLIFE@brmsonline.com **Phone:** 866.755.6651 (option 2) **Fax:** 916.467.1404

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