

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP MEDICAL INSURANCE RATES 2020

CERTIFICATED 11 MONTH 80%

MEDICAL, DENTAL AND VSP (JANUARY 1, 2020 - DECEMBER 31, 2020) LIFE (JANUARY 1, 2020 - DECEMBER 31, 2020)

| | EMPLOYEE ONLY | | | EMPLOYEE + 1 DEPENDENT | | | EMPLOYEE + 2 OR MORE | | | TWO "E" COUPLES | | |
|----------------------------|---------------|----------|---------|------------------------|----------|---------|----------------------|----------|---------|-----------------|----------|---------|
| | Employee | District | Total | Employee | District | Total | Employee | District | Total | Employee | District | Total |
| ANTHEM SELECT HMO | 256.15 | 420.14 | 676.29 | 803.55 | 549.02 | 1352.57 | 1141.33 | 617.02 | 1758.35 | 524.31 | 1234.04 | 1758.35 |
| ANTHEM TRADITIONAL HMO | 564.55 | 420.14 | 984.69 | 1420.35 | 549.02 | 1969.37 | 1943.17 | 617.02 | 2560.19 | 1326.15 | 1234.04 | 2560.19 |
| BLUE SHIELD ACCESS + HMO | 466.95 | 420.14 | 887.09 | 1225.17 | 549.02 | 1774.19 | 1689.42 | 617.02 | 2306.44 | 1072.40 | 1234.04 | 2306.44 |
| BLUE SHIELD TRIO HMO | 261.60 | 420.14 | 681.74 | 814.46 | 549.02 | 1363.48 | 1155.51 | 617.02 | 1772.53 | 538.49 | 1234.04 | 1772.53 |
| HEALTH NET SALUD Y MAS HMO | 7.83 | 420.14 | 427.97 | 306.93 | 549.02 | 855.95 | 495.72 | 617.02 | 1112.74 | 0.00 | 1112.74 | 1112.74 |
| HEALTH NET SMARTCARE HMO | 287.23 | 420.14 | 707.37 | 865.71 | 549.02 | 1414.73 | 1222.13 | 617.02 | 1839.15 | 605.11 | 1234.04 | 1839.15 |
| KAISER HMO | 304.65 | 420.14 | 724.79 | 900.56 | 549.02 | 1449.58 | 1267.43 | 617.02 | 1884.45 | 650.41 | 1234.04 | 1884.45 |
| PERS CHOICE PPO | 354.72 | 420.14 | 774.86 | 1000.70 | 549.02 | 1549.72 | 1397.62 | 617.02 | 2014.64 | 780.60 | 1234.04 | 2014.64 |
| PERS SELECT PPO | 55.21 | 420.14 | 475.35 | 401.69 | 549.02 | 950.71 | 618.89 | 617.02 | 1235.91 | 1.87 | 1234.04 | 1235.91 |
| PERS CARE PPO | 595.63 | 420.14 | 1015.77 | 1482.51 | 549.02 | 2031.53 | 2023.97 | 617.02 | 2640.99 | 1406.95 | 1234.04 | 2640.99 |
| UNITED HEALTHCARE HMO | 308.93 | 420.14 | 729.07 | 909.11 | 549.02 | 1458.13 | 1278.55 | 617.02 | 1895.57 | 661.53 | 1234.04 | 1895.57 |
| DELTA DENTAL | 0.00 | 61.68 | 61.68 | 58.87 | 61.68 | 120.55 | 92.43 | 73.88 | 166.31 | 18.55 | 147.76 | 166.31 |
| VSP - VISION SERVICE PLAN | 0.00 | 10.30 | 10.30 | 9.87 | 10.30 | 20.17 | 17.49 | 10.30 | 27.79 | 7.19 | 20.60 | 27.79 |
| MUTUAL OF OMAHA | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |

**RATES FOR MEDICAL PLANS ARE FOR LOS ANGELES, SAN BERNARDINO & RIVERSIDE AREAS ONLY. (REGION 3)
 IF YOU RESIDE IN OTHER SOUTHERN CALIFORNIA AREAS I.E. ORANGE, VENTURA, YOUR RATES
 WILL BE DIFFERENT. (REGION 2)**