

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP MEDICAL INSURANCE RATES 2019

CERTIFICATED 11 MONTH

MEDICAL, DENTAL AND VSP (JANUARY 1, 2019 - DECEMBER 31, 2019) LIFE (OCTOBER 1, 2018 - DECEMBER 31, 2019)

	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	204.35	479.73	684.08	727.33	640.82	1368.15	1052.79	725.81	1778.60	326.98	1451.62	1778.60
ANTHEM TRADITIONAL HMO	478.61	479.73	958.34	1275.86	640.82	1916.68	1765.88	725.81	2491.69	1040.07	1451.62	2491.69
BLUE SHIELD ACCESS + HMO	250.91	479.73	730.64	820.45	640.82	1461.27	1173.84	725.81	1899.65	448.03	1451.62	1899.65
HEALTH NET SALUD Y MAS HMO	0.00	388.91	388.91	137.00	640.82	777.82	285.35	725.81	1011.16	0.00	1011.16	1011.16
HEALTH NET SMARTCARE HMO	157.66	479.73	637.39	633.95	640.82	1274.77	931.39	725.81	1657.20	205.58	1451.62	1657.20
KAISER HMO	195.15	479.73	674.88	708.94	640.82	1349.76	1028.87	725.81	1754.68	303.06	1451.62	1754.68
PERS CHOICE PPO	234.27	479.73	714.00	787.18	640.82	1428.00	1130.59	725.81	1856.40	404.78	1451.62	1856.40
PERS SELECT PPO	0.00	459.02	459.02	277.22	640.82	918.04	467.64	725.81	1193.45	0.00	1193.45	1193.45
PERS CARE PPO	440.76	479.73	920.49	1200.15	640.82	1840.97	1667.46	725.81	2393.27	941.65	1451.62	2393.27
UNITED HEALTHCARE HMO	250.75	479.73	730.48	820.15	640.82	1460.97	1173.45	725.81	1899.26	447.64	1451.62	1899.26
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	0.00	7.20	7.20	0.00	7.96	7.96	0.00	7.96	7.96	0.00	7.96	7.96

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