

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP MEDICAL INSURANCE RATES 2019

CERTIFICATED 11 MONTH 60%

MEDICAL, DENTAL AND VSP (JANUARY 1, 2019 - DECEMBER 31, 2019) LIFE (OCTOBER 1, 2017 - 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	396.24	287.84	684.08	983.66	384.49	1368.15	1343.11	435.49	1778.60	907.62	870.98	1778.60
ANTHEM TRADITIONAL HMO	670.50	287.84	958.34	1532.19	384.49	1916.68	2056.20	435.49	2491.69	1620.71	870.98	2491.69
BLUE SHIELD ACCESS + HMO	472.80	287.84	760.64	1076.78	384.49	1461.27	1464.16	435.49	1899.65	1028.67	870.98	1899.65
HEALTH NET SALUD Y MAS HMO	101.07	287.84	388.91	393.33	384.49	777.82	575.67	435.49	1011.16	140.18	870.98	1011.16
HEALTH NET SMARTCARE HMO	349.55	287.84	637.39	890.28	384.49	1274.77	1221.71	435.49	1657.20	786.22	870.98	1657.20
KAISER HMO	387.04	287.84	674.88	965.27	384.49	1349.76	1319.19	435.49	1754.68	883.70	870.98	1754.68
PERS CHOICE PPO	426.16	287.84	714.00	1043.51	384.49	1428.00	1420.91	435.49	1856.40	985.42	870.98	1856.40
PERS SELECT PPO	171.18	287.84	459.02	533.55	384.49	918.04	757.96	435.49	1193.45	322.47	870.98	1193.45
PERS CARE PPO	632.65	287.84	920.49	1456.48	384.49	1840.97	1957.78	435.49	2393.27	1522.29	870.98	2393.27
UNITED HEALTHCARE HMO	442.64	287.84	730.48	1,076.48	384.49	1460.97	1463.77	435.49	1899.26	1,028.28	870.98	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.**