

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**62.50%**

**GROUP INSURANCE RATES 2020**

**CLASSIFIED 10 MONTH 5 HOUR**

**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	<b>382.86</b>	361.06	743.92	<b>1016.02</b>	471.81	1487.83	<b>1403.93</b>	530.25	1934.18	<b>873.68</b>	1060.50	1934.18
ANTHEM TRADITIONAL HMO	<b>722.10</b>	361.06	1083.16	<b>1694.50</b>	471.81	2166.31	<b>2285.96</b>	530.25	2816.21	<b>1755.71</b>	1060.50	2816.21
BLUE SHIELD ACCESS+ HMO	<b>614.74</b>	361.06	975.80	<b>1479.80</b>	471.81	1951.61	<b>2006.84</b>	530.25	2537.09	<b>1476.59</b>	1060.50	2537.09
BLUE SHIELD TRIO	<b>388.86</b>	361.06	749.92	<b>1028.02</b>	471.81	1499.83	<b>1419.53</b>	530.25	1949.78	<b>889.28</b>	1060.50	1949.78
HEALTH NET SALUD Y MAS HMO	<b>109.71</b>	361.06	470.77	<b>469.73</b>	471.81	941.54	<b>693.76</b>	530.25	1224.01	<b>163.51</b>	1060.50	1224.01
HEALTH NET SMARTCARE HMO	<b>417.04</b>	361.06	778.10	<b>1084.40</b>	471.81	1556.21	<b>1492.82</b>	530.25	2023.07	<b>962.57</b>	1060.50	2023.07
KAISER HMO	<b>436.21</b>	361.06	797.27	<b>1122.73</b>	471.81	1594.54	<b>1542.64</b>	530.25	2072.89	<b>1012.39</b>	1060.50	2072.89
PERS CHOICE PPO	<b>491.29</b>	361.06	852.35	<b>1232.89</b>	471.81	1704.70	<b>1685.85</b>	530.25	2216.10	<b>1155.60</b>	1060.50	2216.10
PERS SELECT PPO	<b>161.83</b>	361.06	522.89	<b>573.97</b>	471.81	1045.78	<b>829.25</b>	530.25	1359.50	<b>299.00</b>	1060.50	1359.50
PERS CARE PPO	<b>756.28</b>	361.06	1117.34	<b>1762.88</b>	471.81	2234.69	<b>2374.84</b>	530.25	2905.09	<b>1844.59</b>	1060.50	2905.09
UNITED HEALTHCARE HMO	<b>440.91</b>	361.06	801.97	<b>1132.13</b>	471.81	1603.94	<b>1554.88</b>	530.25	2085.13	<b>1024.63</b>	1060.50	2085.13
DELTA DENTAL	<b>0.00</b>	61.68	61.68	<b>58.87</b>	61.68	120.55	<b>92.43</b>	73.88	166.31	<b>18.55</b>	147.76	166.31
VSP - VISION SERVICE PLAN	<b>0.00</b>	10.30	10.30	<b>9.87</b>	10.30	20.17	<b>17.49</b>	10.30	27.79	<b>7.19</b>	20.60	27.79
MUTUAL OF OMAHA	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD

**MEDICAL, DENTAL AND VISION PLANS EFF JANUARY 1, 2020 - DECEMBER 31, 2020  
LIFE INS PLAN EFF JANUARY 1, 2020 - DECEMBER 31, 2020**

**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)**