

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**  
**2019-20 Insurance Rates**  
**Full Time Monthly Employees**  
**(Premium split 10thly)**

	Total Premium	District Share	Full Time Employee Share
--	---------------	----------------	--------------------------

**Anthem Blue Cross Premier Select HMO**

<i>Single</i>	\$ 797.32	\$ 637.86	\$ 159.46
<i>2-Party</i>	\$ 1,674.40	\$ 1,339.52	\$ 334.88
<i>Family</i>	\$ 2,391.98	\$ 1,913.58	\$ 478.40

**Anthem Blue Cross Premier Vivity HMO**

<i>Single</i>	\$ 783.96	\$ 637.86	\$ 146.10
<i>2-Party</i>	\$ 1,646.34	\$ 1,339.52	\$ 306.82
<i>Family</i>	\$ 2,351.89	\$ 1,913.58	\$ 438.31

**Anthem Blue Cross Custom Premier PPO**

<i>Single</i>	\$ 1,667.30	\$ 637.86	\$ 1,029.44
<i>2-Party</i>	\$ 3,501.36	\$ 1,339.52	\$ 2,161.84
<i>Family</i>	\$ 5,001.91	\$ 1,913.58	\$ 3,088.33

**Anthem Blue Cross Custom Classic PPO**

<i>Single</i>	\$ 1,355.58	\$ 637.86	\$ 717.72
<i>2-Party</i>	\$ 2,846.75	\$ 1,339.52	\$ 1,507.23
<i>Family</i>	\$ 4,066.78	\$ 1,913.58	\$ 2,153.20

**Kaiser Permanente HMO (\$0 Copay Option)**

<i>Single</i>	\$ 725.37	\$ 637.86	\$ 87.51
<i>2-Party</i>	\$ 1,450.74	\$ 1,339.52	\$ 111.22
<i>Family</i>	\$ 2,052.80	\$ 1,913.58	\$ 139.22

**Kaiser Permanente HMO (\$15 Copay Option)**

<i>Single</i>	\$ 657.52	\$ 637.86	\$ 19.66
<i>2-Party</i>	\$ 1,315.04	\$ 1,315.04	0.00
<i>Family</i>	\$ 1,860.78	\$ 1,860.78	0.00

**Delta Dental Plan**

<i>Single</i>	\$ 81.21	\$ 64.97	\$ 16.24
<i>2-Party</i>	\$ 138.07	\$ 110.46	\$ 27.61
<i>Family</i>	\$ 211.15	\$ 168.92	\$ 42.23

**Vision Service Plan**

<i>Single</i>	\$ 13.57	\$ 10.86	\$ 2.71
<i>2-Party</i>	\$ 27.13	\$ 21.70	\$ 5.43
<i>Family</i>	\$ 43.67	\$ 34.94	\$ 8.73

LIFE INSURANCE	DISTRICT PAID - must work minimum 50% time
LONG TERM DISABILITY	DISTRICT PAID - must work minimum 50% time

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
EMPLOYEE HEALTH & WELFARE PREMIUM RATES  
2019-20**

Employee's share is based on 50% time pay

	Employee Contribution per MONTH		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	478.39	1004.64	1435.19
Anthem BCP Vivity HMO	465.03	976.58	1395.10
Anthem BCC Premier PPO	1348.37	2831.60	4045.12
Anthem BCC Classic PPO	1036.65	2176.99	3109.99
Kaiser HMO (\$0 Copay)	406.44	780.98	1096.01
Kaiser HMO (\$15 Copay)	338.59	645.28	903.99
Delta Dental Plan	48.73	82.84	126.69
Vision Service Plan (VSP)	8.14	16.28	26.20
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
EMPLOYEE HEALTH & WELFARE PREMIUM RATES  
2019-20**

Employee's share is based on 60% time pay

	Employee Contribution per MONTH		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	414.60	870.69	1243.83
Anthem BCP Vivity HMO	401.24	842.63	1203.74
Anthem BCC Premier PPO	1284.58	2697.65	3853.76
Anthem BCC Classic PPO	972.86	2043.04	2918.63
Kaiser HMO (\$0 Copay)	342.65	647.03	904.65
Kaiser HMO (\$15 Copay)	274.80	511.33	712.63
Delta Dental Plan	42.23	71.80	109.80
Vision Service Plan (VSP)	7.06	14.11	22.71
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
EMPLOYEE HEALTH & WELFARE PREMIUM RATES  
2019-20**

Employee's share is based on 75% time pay

	Employee Contribution per MONTH		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	318.93	669.76	956.80
Anthem BCP Vivity HMO	305.57	641.70	916.71
Anthem BCC Premier PPO	1188.91	2496.72	3566.73
Anthem BCC Classic PPO	877.19	1842.11	2631.60
Kaiser HMO (\$0 Copay)	246.98	446.10	617.62
Kaiser HMO (\$15 Copay)	179.13	310.40	425.60
DELTA DENTAL PLAN	32.48	55.23	84.46
VSP (Preliminary)	5.43	10.85	17.47
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
EMPLOYEE HEALTH & WELFARE PREMIUM RATES  
2019-20**

Employee's share is based on 80% time pay

	Employee Contribution per MONTH		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	287.03	602.78	861.12
Anthem BCP Vivity HMO	273.67	574.72	821.03
Anthem BCC Premier PPO	1157.01	2429.74	3471.05
Anthem BCC Classic PPO	845.29	1775.13	2535.92
Kaiser HMO (\$0 Copay)	215.08	379.12	521.94
Kaiser HMO (\$15 Copay)	147.23	243.42	329.92
DELTA DENTAL PLAN	29.24	49.71	76.01
VISION SERVICE PLAN	4.89	9.77	15.72
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019