

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**GROUP INSURANCE RATES 2020**

**CLASSIFIED 10 MONTH**

**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>166.22</b>	577.70	743.92	<b>732.93</b>	754.90	1487.83	<b>1085.78</b>	848.40	1934.18	<b>237.38</b>	1696.80	1934.18
ANTHEM TRADITIONAL HMO	<b>505.46</b>	577.70	1083.16	<b>1411.41</b>	754.90	2166.31	<b>1967.81</b>	848.40	2816.21	<b>1119.41</b>	1696.80	2816.21
BLUE SHIELD ACCESS + HMO	<b>398.10</b>	577.70	975.80	<b>1196.71</b>	754.90	1951.61	<b>1688.69</b>	848.40	2537.09	<b>840.29</b>	1696.80	2537.09
BLUE SHIELD TRIO	<b>172.22</b>	577.70	749.92	<b>744.93</b>	754.90	1499.83	<b>1101.38</b>	848.40	1949.78	<b>252.98</b>	1696.80	1949.78
HEALTH NET SALUD Y MAS HMO	<b>0.00</b>	470.77	470.77	<b>186.64</b>	754.90	941.54	<b>375.61</b>	848.40	1224.01	<b>0.00</b>	1224.01	1224.01
HEALTH NET SMARTCARE HMO	<b>200.40</b>	577.70	778.10	<b>801.31</b>	754.90	1556.21	<b>1174.67</b>	848.40	2023.07	<b>326.27</b>	1696.80	2023.07
KAISER HMO	<b>219.57</b>	577.70	797.27	<b>839.64</b>	754.90	1594.54	<b>1224.49</b>	848.40	2072.89	<b>376.09</b>	1696.80	2072.89
PERS CHOICE PPO	<b>274.65</b>	577.70	852.35	<b>949.80</b>	754.90	1704.70	<b>1367.70</b>	848.40	2216.10	<b>519.30</b>	1696.80	2216.10
PERS SELECT PPO	<b>0.00</b>	522.89	522.89	<b>290.88</b>	754.90	1045.78	<b>511.10</b>	848.40	1359.50	<b>0.00</b>	1359.50	1359.50
PERS CARE PPO	<b>539.64</b>	577.70	1117.34	<b>1479.79</b>	754.90	2234.69	<b>2056.69</b>	848.40	2905.09	<b>1208.29</b>	1696.80	2905.09
UNITED HEALTHCARE HMO	<b>224.27</b>	577.70	801.97	<b>849.04</b>	754.90	1603.94	<b>1236.73</b>	848.40	2085.13	<b>388.33</b>	1696.80	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)**