

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**GROUP INSURANCE RATES 2020**

**CLASSIFIED 12 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>138.51</b>	481.42	619.93	<b>610.78</b>	629.08	1239.86	<b>904.82</b>	707.00	1611.82	<b>197.82</b>	1414.00	1611.82
ANTHEM TRADITIONAL HMO	<b>421.21</b>	481.42	902.63	<b>1176.18</b>	629.08	1805.26	<b>1639.84</b>	707.00	2346.84	<b>932.84</b>	1414.00	2346.84
BLUE SHIELD ACCESS + HMO	<b>331.75</b>	481.42	813.17	<b>997.26</b>	629.08	1626.34	<b>1407.24</b>	707.00	2114.24	<b>700.24</b>	1414.00	2114.24
BLUE SHIELD TRIO	<b>143.51</b>	481.42	624.93	<b>620.78</b>	629.08	1249.86	<b>917.82</b>	707.00	1624.82	<b>210.82</b>	1414.00	1624.82
HEALTH NET SALUD Y MAS HMO	<b>0.00</b>	392.31	392.31	<b>155.54</b>	629.08	784.62	<b>313.01</b>	707.00	1020.01	<b>0.00</b>	1020.01	1020.01
HEALTH NET SMARTCARE HMO	<b>167.00</b>	481.42	648.42	<b>667.76</b>	629.08	1296.84	<b>978.89</b>	707.00	1685.89	<b>271.89</b>	1414.00	1685.89
KAISER HMO	<b>182.97</b>	481.42	664.39	<b>699.70</b>	629.08	1328.78	<b>1020.41</b>	707.00	1727.41	<b>313.41</b>	1414.00	1727.41
PERS CHOICE PPO	<b>228.87</b>	481.42	710.29	<b>791.50</b>	629.08	1420.58	<b>1139.75</b>	707.00	1846.75	<b>432.75</b>	1414.00	1846.75
PERS SELECT PPO	<b>0.00</b>	435.74	435.74	<b>242.40</b>	629.08	871.48	<b>425.92</b>	707.00	1132.92	<b>0.00</b>	1132.92	1132.92
PERS CARE PPO	<b>449.70</b>	481.42	931.12	<b>1233.16</b>	629.08	1862.24	<b>1713.91</b>	707.00	2420.91	<b>1006.91</b>	1414.00	2420.91
UNITED HEALTHCARE HMO	<b>186.89</b>	481.42	668.31	<b>707.54</b>	629.08	1336.62	<b>1030.61</b>	707.00	1737.61	<b>323.61</b>	1414.00	1737.61
DELTA DENTAL	<b>0.00</b>	51.41	51.41	<b>49.03</b>	51.41	100.44	<b>77.03</b>	61.57	138.60	<b>15.46</b>	123.14	138.60
VSP VISION SERVICE PLAN	<b>0.00</b>	8.59	8.59	<b>8.21</b>	8.59	16.80	<b>14.61</b>	8.59	23.20	<b>6.02</b>	17.18	23.20
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)**