

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP MEDICAL INSURANCE RATES 2019

CERTIFICATED 11 MONTH 80%

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	300.30	383.78	684.08	855.49	512.66	1368.15	1197.95	580.65	1778.60	617.30	1161.30	1778.60
ANTHEM TRADITIONAL HMO	574.56	383.78	958.34	1404.02	512.66	1916.68	1911.04	580.65	2491.69	1330.39	1161.30	2491.69
BLUE SHIELD ACCESS + HMO	346.86	383.78	730.64	948.61	512.66	1461.27	1319.00	580.65	1899.65	738.35	1161.30	1899.65
HEALTH NET SALUD Y MAS HMO	5.13	383.78	388.91	265.16	512.66	777.82	430.51	580.65	1011.16	0.00	1011.16	1011.16
HEALTH NET SMARTCARE HMO	253.61	383.78	637.39	762.11	512.66	1274.77	1076.55	580.65	1657.20	495.90	1161.30	1657.20
KAISER HMO	291.10	383.78	674.88	837.10	512.66	1349.76	1174.03	580.65	1754.68	593.38	1161.30	1754.68
PERS CHOICE PPO	330.22	383.78	714.00	915.34	512.66	1428.00	1275.75	580.65	1856.40	695.10	1161.30	1856.40
PERS SELECT PPO	75.24	383.78	459.02	405.38	512.66	918.04	612.80	580.65	1193.45	32.15	1161.30	1193.45
PERS CARE PPO	536.71	383.78	920.49	1328.31	512.66	1840.97	1812.62	580.65	2393.27	1231.97	1161.30	2393.27
UNITED HEALTHCARE HMO	346.70	383.78	730.48	948.31	512.66	1460.97	1318.61	580.65	1899.26	737.96	1161.30	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.**