

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP MEDICAL INSURANCE RATES 2019

CERTIFICATED 11 MONTH 50%

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	444.21	239.87	684.08	1047.74	320.41	1368.15	1415.69	362.91	1778.60	1052.78	725.82	1778.60
ANTHEM TRADITIONAL HMO	718.47	239.87	958.34	1596.27	320.41	1916.68	2128.78	362.91	2491.69	1765.87	725.82	2491.69
BLUE SHIELD ACCESS + HMO	490.77	239.87	730.64	1140.86	320.41	1461.27	1536.74	362.91	1899.65	1173.83	725.82	1899.65
HEALTH NET SALUD Y MAS HMO	149.04	239.87	388.91	457.41	320.41	777.82	648.25	362.91	1011.16	285.34	725.82	1011.16
HEALTH NET SMARTCARE HMO	397.52	239.87	637.39	954.36	320.41	1274.77	1294.29	362.91	1657.20	931.38	725.82	1657.20
KAISER HMO	435.01	239.87	674.88	1029.35	320.41	1349.76	1391.77	362.91	1754.68	1028.86	725.82	1754.68
PERS CHOICE PPO	474.13	239.87	714.00	1107.59	320.41	1428.00	1493.49	362.91	1856.40	1130.58	725.82	1856.40
PERS SELECT PPO	219.15	239.87	459.02	597.63	320.41	918.04	830.54	362.91	1193.45	467.63	725.82	1193.45
PERS CARE PPO	680.62	239.87	920.49	1520.56	320.41	1840.97	2030.36	362.91	2393.27	1667.45	725.82	2393.27
UNITED HEALTHCARE HMO	490.61	239.87	730.48	1140.56	320.41	1460.97	1536.35	362.91	1899.26	1173.44	725.82	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.**

