

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP INSURANCE RATES 2019

CLASSIFIED 12 MONTH

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	187.32	439.75	627.07	666.72	587.42	1254.14	965.05	665.33	1630.38	299.72	1330.66	1630.38
ANTHEM TRADITIONAL HMO	438.73	439.75	878.48	1169.54	587.42	1756.96	1618.72	665.33	2284.05	953.39	1330.66	2284.05
BLUE SHIELD ACCESS + HMO	230.00	439.75	669.75	752.08	587.42	1339.50	1076.02	665.33	1741.35	410.69	1330.66	1741.35
HEALTH NET SALUD Y MAS HMO	0.00	356.50	356.50	125.58	587.42	713.00	261.57	665.33	926.90	0.00	926.90	926.90
HEALTH NET SMARTCARE HMO	144.52	439.75	584.27	581.12	587.42	1168.54	853.77	665.33	1519.10	188.44	1330.66	1519.10
KAISER HMO	178.89	439.75	618.64	649.86	587.42	1237.28	943.13	665.33	1608.46	277.80	1330.66	1608.46
PERS CHOICE PPO	214.75	439.75	654.50	721.58	587.42	1309.00	1036.37	665.33	1701.70	371.04	1330.66	1701.70
PERS SELECT PPO	0.00	420.77	420.77	254.12	587.42	841.54	428.67	665.33	1094.00	0.00	1094.00	1094.00
PERS CARE PPO	404.03	439.75	843.78	1100.14	587.42	1687.56	1528.50	665.33	2193.83	863.17	1330.66	2193.83
UNITED HEALTHCARE HMO	229.86	439.75	669.61	751.80	587.42	1339.22	1075.66	665.33	1740.99	410.33	1330.66	1740.99
DELTA DENTAL	0.00	51.41	51.41	49.03	51.41	100.44	77.03	61.57	138.60	15.46	123.14	138.60
VSP VISION SERVICE PLAN	0.00	8.59	8.59	8.21	8.59	16.80	14.61	8.59	23.20	6.02	17.18	23.20
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

**MEDICAL, DENTAL AND VISION PLANS EFF JANUARY 1, 2019 - DECEMBER 31, 2019
LIFE INS PLAN EFF OCTOBER 1, 2017 - DECEMBER 31, 2019**

**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.**