

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
2019-20 Insurance Rates
Full Time Hourly Employees
(calculated per paycheck - premium split 19thly)

	Total Premium	District Share	Employee Share
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Anthem Blue Cross Premier Select HMO

<i>Single</i>	\$ 419.65	\$ 335.72	\$ 83.93
<i>2-Party</i>	\$ 881.27	\$ 705.02	\$ 176.25
<i>Family</i>	\$ 1,258.94	\$ 1,007.15	\$ 251.79

Anthem Blue Cross Premier Vivify HMO

<i>Single</i>	\$ 412.62	\$ 335.72	\$ 76.90
<i>2-Party</i>	\$ 866.50	\$ 705.02	\$ 161.48
<i>Family</i>	\$ 1,237.84	\$ 1,007.15	\$ 230.69

Anthem Blue Cross Custom Premier PPO

<i>Single</i>	\$ 877.53	\$ 335.72	\$ 541.81
<i>2-Party</i>	\$ 1,842.83	\$ 705.02	\$ 1,137.81
<i>Family</i>	\$ 2,632.59	\$ 1,007.15	\$ 1,625.44

Anthem Blue Cross Custom Classic PPO

<i>Single</i>	\$ 713.47	\$ 335.72	\$ 377.75
<i>2-Party</i>	\$ 1,498.29	\$ 705.02	\$ 793.27
<i>Family</i>	\$ 2,140.42	\$ 1,007.15	\$ 1,133.27

Kaiser Permanente HMO (\$0 Copay Option)

<i>Single</i>	\$ 381.78	\$ 335.72	\$ 46.06
<i>2-Party</i>	\$ 763.55	\$ 705.02	\$ 58.53
<i>Family</i>	\$ 1,080.43	\$ 1,007.15	\$ 73.28

Kaiser Permanente HMO (\$15 Copay Option)

<i>Single</i>	\$ 346.07	\$ 335.72	\$ 10.35
<i>2-Party</i>	\$ 692.13	\$ 692.13	0.00
<i>Family</i>	\$ 979.36	\$ 979.36	0.00

Delta Dental Plan

<i>Single</i>	\$ 42.75	\$ 34.20	\$ 8.55
<i>2-Party</i>	\$ 72.67	\$ 58.14	\$ 14.53
<i>Family</i>	\$ 111.14	\$ 88.91	\$ 22.23

Vision Service Plan

<i>Single</i>	\$ 7.15	\$ 5.72	\$ 1.43
<i>2-Party</i>	\$ 14.28	\$ 11.42	\$ 2.86
<i>Family</i>	\$ 22.99	\$ 18.39	\$ 4.60

LIFE INSURANCE	DISTRICT PAID - must work minimum 50% time
LONG TERM DISABILITY	DISTRICT PAID - must work minimum 50% time

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
EMPLOYEE HEALTH & WELFARE PREMIUM RATES
2019-20**

Employee's share is based on 40.625% time (3.25 hrs).
The Annual premium is divided by nineteen to get a per paycheck amount.
The first deduction will come from your paycheck issued September 25th.

	Employee Contribution per PAYCHECK		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	283.26	594.86	849.79
Anthem BCP Vivity HMO	276.23	580.09	828.69
Anthem BCC Premier PPO	741.14	1556.42	2223.44
Anthem BCC Classic PPO	577.08	1211.88	1731.27
Kaiser HMO (\$0 Copay)	245.39	477.14	671.28
Kaiser HMO (\$15 Copay)	209.68	405.72	570.21
Delta Dental Plan	28.86	49.05	75.02
Vision Service Plan (VSP)	4.83	9.64	15.52
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
EMPLOYEE HEALTH & WELFARE PREMIUM RATES
2019-20**

Employee's share is based on 50% time (4 hrs).
The Annual premium is divided by nineteen to get a per paycheck amount.
The first deduction will come from your paycheck issued September 25th.

	Employee Contribution per PAYCHECK		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	251.79	528.76	755.37
Anthem BCP Vivity HMO	244.76	513.99	734.27
Anthem BCC Premier PPO	709.67	1490.32	2129.02
Anthem BCC Classic PPO	545.61	1145.78	1636.85
Kaiser HMO (\$0 Copay)	213.92	411.04	576.86
Kaiser HMO (\$15 Copay)	178.21	339.63	475.79
Delta Dental Plan	25.65	43.60	66.68
Vision Service Plan (VSP)	4.29	8.57	13.79
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
EMPLOYEE HEALTH & WELFARE PREMIUM RATES
2019-20**

Employee's share is based on 75% time (6 hrs).
The Annual premium is divided by nineteen to get a per paycheck amount.
The first deduction will come from your paycheck issued September 25th.

	Employee Contribution per PAYCHECK		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	167.86	352.51	503.58
Anthem BCP Vivity HMO	160.83	337.74	482.48
Anthem BCC Premier PPO	625.74	1314.07	1877.23
Anthem BCC Classic PPO	461.68	969.53	1385.06
Kaiser HMO (\$0 Copay)	129.99	234.79	325.07
Kaiser HMO (\$15 Copay)	94.28	163.37	224.00
DELTA DENTAL PLAN	17.10	29.07	44.46
Vision Service Plan	2.86	5.71	9.20
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
EMPLOYEE HEALTH & WELFARE PREMIUM RATES
2019-20**

Employee's share is based on 81.25% time (6.5 hrs).
The Annual premium is divided by nineteen to get a per paycheck amount.
The first deduction will come from your paycheck issued September 25th.

	Employee Contribution per PAYCHECK		
	1 PARTY	2 PARTY	Family (3/more)
Anthem BCP Select HMO	146.88	308.44	440.63
Anthem BCP Vivity HMO	139.85	293.67	419.53
Anthem BCC Premier PPO	604.76	1270.00	1814.28
Anthem BCC Classic PPO	440.70	925.46	1322.11
Kaiser HMO (\$0 Copay)	109.01	190.72	262.12
Kaiser HMO (\$15 Copay)	73.30	119.31	161.05
Delta Dental Plan	14.96	25.43	38.90
Vision Service Plan (VSP)	2.50	5.00	8.05
LIFE INSURANCE	DISTRICT PAID-must work minimum 50% time		
LONG TERM DISABILITY	DISTRICT PAID-must work minimum 50% time		

revised 6/5/2019