

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

GROUP INSURANCE RATES 2019

CLASSIFIED 12 MONTH OTHER SO CAL

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 | 185.32 | 439.75 | 625.07 | 662.72 | 587.42 | 1250.14 | 959.85 | 665.33 | 1625.18 | 294.52 | 1330.66 | 1625.18 |
| ANTHEM TRADITIONAL HMO | 391.14 | 439.75 | 830.89 | 1074.36 | 587.42 | 1661.78 | 1494.98 | 665.33 | 2160.31 | 829.65 | 1330.66 | 2160.31 |
| BLUE SHIELD ACCESS + HMO | 320.29 | 439.75 | 760.04 | 932.66 | 587.42 | 1520.08 | 1310.77 | 665.33 | 1976.10 | 645.44 | 1330.66 | 1976.10 |
| HEALTH NET SALUD Y MAS HMO | 0.00 | 427.81 | 427.81 | 268.20 | 587.42 | 855.62 | 446.98 | 665.33 | 1112.31 | 0.00 | 1112.31 | 1112.31 |
| HEALTH NET SMARTCARE HMO | 202.96 | 439.75 | 642.71 | 698.00 | 587.42 | 1285.42 | 1005.72 | 665.33 | 1671.05 | 340.39 | 1330.66 | 1671.05 |
| KAISER HMO | 188.88 | 439.75 | 628.63 | 669.84 | 587.42 | 1257.26 | 969.11 | 665.33 | 1634.44 | 303.78 | 1330.66 | 1634.44 |
| PERS CHOICE PPO | 281.36 | 439.75 | 721.11 | 854.80 | 587.42 | 1442.22 | 1209.56 | 665.33 | 1874.89 | 544.23 | 1330.66 | 1874.89 |
| PERS SELECT PPO | 22.96 | 439.75 | 462.71 | 338.00 | 587.42 | 925.42 | 537.72 | 665.33 | 1203.05 | 0.00 | 1203.05 | 1203.05 |
| PERS CARE PPO | 467.54 | 439.75 | 907.29 | 1227.16 | 587.42 | 1814.58 | 1693.62 | 665.33 | 2358.95 | 1028.29 | 1330.66 | 2358.95 |
| UNITED HEALTHCARE HMO | 206.90 | 439.75 | 646.65 | 705.88 | 587.42 | 1293.30 | 1015.96 | 665.33 | 1681.29 | 350.63 | 1330.66 | 1681.29 |
| 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.**