



**CV EMPLOYEES HEALTH INSURANCE PREMIUMS
RATES EFFECTIVE: JANUARY 2018 – DECEMBER 2018**

LOS ANGELES AREAS

BASIC HMO		10thly RATES	EMPLOYEE CONTRIBUTION
Anthem HMO Select	Plan Code		
Employee Only	4131	\$792.20	\$0
Employee & 1 Dependent	4132	\$1,584.41	\$574.69
Employee & 2+ Dependents	4133	\$2,059.73	\$1,050.01
Anthem HMO Traditional	Plan Code		
Employee Only	4021	\$941.66	\$0
Employee & 1 Dependent	4022	\$1,883.33	\$873.61
Employee & 2+ Dependents	4023	\$2,448.32	\$1,438.60
BLUE SHIELD ACCESS+	Plan Code		
Employee Only	1441	\$735.95	\$0
Employee & 1 Dependent	1442	\$1,471.90	\$462.18
Employee & 2+ Dependents	1443	\$1,913.46	\$903.74
Health Net Salud y Mas	Plan Code		
Employee Only	4431	\$485.18	\$0
Employee & 1 Dependent	4432	\$970.37	\$0
Employee & 2+ Dependents	4433	\$1,261.48	\$251.76
Health Net SmartCare	Plan Code		
Employee Only	4081	\$692.58	\$0
Employee & 1 Dependent	4082	\$1,385.16	\$375.44
Employee & 2+ Dependents	4083	\$1,800.71	\$790.99
KAISER	Plan Code		
Employee Only	3061	\$771.24	\$0
Employee & 1 Dependent	3062	\$1,542.48	\$532.76
Employee & 2+ Dependents	3063	\$2,005.22	\$995.50
United Healthcare	Plan Code		
Employee Only	4281	\$723.34	\$0
Employee & 1 Dependent	4282	\$1,446.67	\$436.95
Employee & 2+ Dependents	4283	\$1,880.68	\$870.96

PPO AND INDEMNITY PLANS		10thly RATES	EMPLOYEE CONTRIBUTION
PERS SELECT	Plan Code		
Employee Only	0801	\$687.85	\$0
Employee & 1 Dependent	0802	\$1,375.70	\$365.98
Employee & 2+ Dependents	0803	\$1,788.42	\$778.70
PERS CHOICE	Plan Code		
Employee Only	3211	\$744.47	\$0
Employee & 1 Dependent	3212	\$1,488.94	\$479.22
Employee & 2+ Dependents	3213	\$1,935.61	\$925.89
PERS CARE	Plan Code		
Employee Only	3261	\$808.48	\$0
Employee & 1 Dependent	3262	\$1,616.95	\$607.23
Employee & 2+ Dependents	3263	\$2,102.04	\$1,092.32

DENTAL/VISION/LIFE	10thly RATES	EMPLOYEE CONTRIBUTION
Delta Dental		
Employee Only	\$70.81	\$0
Employee & 1 Dependent	\$120.40	\$49.59
Employee & 2+ Dependents	\$185.08	\$114.27
VSP – VISION		
Employee Only	\$8.99	\$0
Employee & 1 Dependent	\$13.02	\$4.03
Employee & 2+ Dependents	\$23.35	\$14.36
MetLife		
Employee	\$10.48	\$0

- Notes: 1) CV employee contributions will be deducted 10 times per year
2) Plan year effective: January 1, 2018 – December 31, 2018
3) District annual contribution per employee: \$11,000



CV EMPLOYEES HEALTH INSURANCE PREMIUMS RATES EFFECTIVE: JANUARY 2018 – DECEMBER 2018

OTHER SOUTHERN CALIFORNIA AREAS (Imperial, Orange, Riverside and San Diego Counties)

BASIC HMO		10thly RATES	EMPLOYEE CONTRIBUTION
Anthem HMO Select – South			
	Plan Code		
Employee Only	4781	\$791.63	\$0
Employee & 1 Dependent	4782	\$1,583.26	\$573.54
Employee & 2+ Dependents	4783	\$2,058.23	\$1,048.51
Anthem HMO Traditional – South			
	Plan Code		
Employee Only	4071	\$882.10	\$0
Employee & 1 Dependent	4072	\$1,764.19	\$754.47
Employee & 2+ Dependents	4073	\$2,293.45	\$1,283.73
BLUE SHIELD ACCESS+ - South			
	Plan Code		
Employee Only	1421	\$835.16	\$0
Employee & 1 Dependent	1422	\$1,670.33	\$660.61
Employee & 2+ Dependents	1423	\$2,171.42	\$1,161.70
Health Net Salud y Mas - South			
	Plan Code		
Employee Only	4121	\$553.87	\$0
Employee & 1 Dependent	4122	\$1,107.74	\$98.02
Employee & 2+ Dependents	4123	\$1,440.07	\$430.35
Health Net SmartCare - South			
	Plan Code		
Employee Only	4141	\$729.22	\$0
Employee & 1 Dependent	4142	\$1,458.43	\$448.71
Employee & 2+ Dependents	4143	\$1,895.96	\$886.24
KAISER - South			
	Plan Code		
Employee Only	3081	\$800.16	\$0
Employee & 1 Dependent	3082	\$1,600.32	\$590.60
Employee & 2+ Dependents	3083	\$2,080.42	\$1,070.70
United Healthcare - South			
	Plan Code		
Employee Only	4321	\$739.99	\$0
Employee & 1 Dependent	4322	\$1,479.98	\$470.26
Employee & 2+ Dependents	4323	\$1,923.98	\$914.26

PPO AND INDEMNITY PLANS

PERS SELECT - SOUTH			
	Plan Code		
Employee Only	0821	\$785.69	\$0
Employee & 1 Dependent	0822	\$1,571.38	\$561.66
Employee & 2+ Dependents	0823	\$2,042.78	\$1,033.06
PERSCHOICE - SOUTH			
	Plan Code		
Employee Only	3231	\$838.75	\$0
Employee & 1 Dependent	3232	\$1,677.50	\$667.78
Employee & 2+ Dependents	3233	\$2,180.76	\$1,171.04
PERS CARE - SOUTH			
	Plan Code		
Employee Only	3281	\$880.20	\$0
Employee & 1 Dependent	3282	\$1,760.40	\$750.68
Employee & 2+ Dependents	3283	\$2,288.52	\$1,278.80

DENTAL/VISION/LIFE	10thly RATES	EMPLOYEE CONTRIBUTION
Delta Dental		
Employee Only	\$70.81	\$0
Employee & 1 Dependent	\$120.40	\$49.59
Employee & 2+ Dependents	\$185.07	\$114.27
VSP – VISION		
Employee Only	\$8.99	\$0
Employee & 1 Dependent	\$13.02	\$4.03
Employee & 2+ Dependents	\$23.35	\$14.36
MetLife		
Employee	\$10.48	\$0

- Notes: 1) CV employee contributions will be deducted 10 times per year
2) Plan year effective: January 1, 2018 – December 31, 2018
3) District annual contribution per employee: \$11,000