

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**GROUP MEDICAL INSURANCE RATES 2020**

**CERTIFICATED 11 MONTH**

**MEDICAL, DENTAL AND VSP (JANUARY 1, 2020 - DECEMBER 31, 2020) LIFE (JANUARY 1, 2020 - DECEMBER 31, 2020)**

	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	<b>151.11</b>	525.18	676.29	<b>666.30</b>	686.27	1352.57	<b>987.08</b>	771.27	1758.35	<b>215.81</b>	1542.54	1758.35
ANTHEM TRADITIONAL HMO	<b>459.51</b>	525.18	984.69	<b>1283.10</b>	686.27	1969.37	<b>1788.92</b>	771.27	2560.19	<b>1017.65</b>	1542.54	2560.19
BLUE SHIELD ACCESS + HMO	<b>361.91</b>	525.18	887.09	<b>1087.92</b>	686.27	1774.19	<b>1535.17</b>	771.27	2306.44	<b>763.90</b>	1542.54	2306.44
BLUE SHIELD TRIO HMO	<b>156.56</b>	525.18	681.74	<b>677.21</b>	686.27	1363.48	<b>1001.26</b>	771.27	1772.53	<b>229.99</b>	1542.54	1772.53
HEALTH NET SALUD Y MAS HMO	<b>0.00</b>	427.97	427.97	<b>169.68</b>	686.27	855.95	<b>341.47</b>	771.27	1112.74	<b>0.00</b>	1112.74	1112.74
HEALTH NET SMARTCARE HMO	<b>182.19</b>	525.18	707.37	<b>728.46</b>	686.27	1414.73	<b>1067.88</b>	771.27	1839.15	<b>296.61</b>	1542.54	1839.15
KAISER HMO	<b>199.61</b>	525.18	724.79	<b>763.31</b>	686.27	1449.58	<b>1113.18</b>	771.27	1884.45	<b>341.91</b>	1542.54	1884.45
PERS CHOICE PPO	<b>249.68</b>	525.18	774.86	<b>863.45</b>	686.27	1549.72	<b>1243.37</b>	771.27	2014.64	<b>472.10</b>	1542.54	2014.64
PERS SELECT PPO	<b>0.00</b>	475.35	475.35	<b>264.44</b>	686.27	950.71	<b>464.64</b>	771.27	1235.91	<b>0.00</b>	1235.91	1235.91
PERS CARE PPO	<b>490.59</b>	525.18	1015.77	<b>1345.26</b>	686.27	2031.53	<b>1869.72</b>	771.27	2640.99	<b>1098.45</b>	1542.54	2640.99
UNITED HEALTHCARE HMO	<b>203.89</b>	525.18	729.07	<b>771.86</b>	686.27	1458.13	<b>1124.30</b>	771.27	1895.57	<b>353.03</b>	1542.54	1895.57
DELTA DENTAL	<b>0.00</b>	61.68	61.68	<b>58.87</b>	61.68	120.55	<b>92.43</b>	73.88	166.31	<b>18.55</b>	147.76	166.31
VSP-VISION SERVICE PLAN	<b>0.00</b>	10.30	10.30	<b>9.87</b>	10.30	20.17	<b>17.49</b>	10.30	27.79	<b>7.19</b>	20.60	27.79
MUTUAL OF OMAHA	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD	<b>TBD</b>	TBD	TBD

**RATES FOR MEDICAL PLANS ARE FOR LOS ANGELES, SAN BERNARDINO & RIVERSIDE AREAS ONLY. (REGION 3)  
 IF YOU RESIDE IN OTHER SOUTHERN CALIFORNIA AREAS I.E. ORANGE, VENTURA, YOUR RATES  
 WILL BE DIFFERENT. (REGION 2)**