

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
2021-22 Insurance Rates
Full Time Monthly Employees
(Premium split 10thly)**

Total Premium	District Share	Full Time Employee Share
---------------	----------------	--------------------------

Anthem Blue Cross Premier Select HMO

<i>Single</i>	\$ 781.25	\$ 625.00	\$ 156.25
<i>2-Party</i>	\$ 1,640.63	\$ 1,312.50	\$ 328.13
<i>Family</i>	\$ 2,343.77	\$ 1,875.02	\$ 468.75

Anthem Blue Cross Premier Vivity HMO

<i>Single</i>	\$ 768.37	\$ 625.00	\$ 143.37
<i>2-Party</i>	\$ 1,613.62	\$ 1,312.50	\$ 301.12
<i>Family</i>	\$ 2,305.14	\$ 1,875.02	\$ 430.12

Anthem Blue Cross Custom Classic PPO

<i>Single</i>	\$ 1,384.27	\$ 625.00	\$ 759.27
<i>2-Party</i>	\$ 2,906.99	\$ 1,312.50	\$ 1,594.49
<i>Family</i>	\$ 4,152.85	\$ 1,875.02	\$ 2,277.83

Anthem Blue Cross Custom Premier PPO

<i>Single</i>	\$ 1,887.11	\$ 625.00	\$ 1,262.11
<i>2-Party</i>	\$ 3,962.96	\$ 1,312.50	\$ 2,650.46
<i>Family</i>	\$ 5,661.34	\$ 1,875.02	\$ 3,786.32

Kaiser Permanente HMO (\$0 Copay Option)

<i>Single</i>	\$ 737.00	\$ 625.00	\$ 112.00
<i>2-Party</i>	\$ 1,474.00	\$ 1,312.50	\$ 161.50
<i>Family</i>	\$ 2,085.71	\$ 1,875.02	\$ 210.69

Kaiser Permanente HMO (\$15 Copay Option)

<i>Single</i>	\$ 668.06	\$ 625.00	\$ 43.06
<i>2-Party</i>	\$ 1,336.12	\$ 1,312.50	\$ 23.62
<i>Family</i>	\$ 1,890.61	\$ 1,875.02	\$ 15.59

Delta Dental Plan

<i>Single</i>	\$ 76.38	\$ 61.10	\$ 15.28
<i>2-Party</i>	\$ 129.86	\$ 103.89	\$ 25.97
<i>Family</i>	\$ 198.58	\$ 158.86	\$ 39.72

Vision Service Plan

<i>Single</i>	\$ 14.59	\$ 11.67	\$ 2.92
<i>2-Party</i>	\$ 29.16	\$ 23.33	\$ 5.83
<i>Family</i>	\$ 46.95	\$ 37.56	\$ 9.39

Vision Service Plan Buy Up Option

<i>Single</i>	\$ 19.68	\$ 11.67	\$ 8.01
<i>2-Party</i>	\$ 39.34	\$ 23.33	\$ 16.01
<i>Family</i>	\$ 63.32	\$ 37.56	\$ 25.76

Life Insurance	DISTRICT PAID - must work minimum 50% time		
Long Term Disability	DISTRICT PAID - must work minimum 50% time		