CV EMPLOYEES HEALTH INSURANCE PREMIUMS
RATES EFFECTIVE: JANUARY 2016 – DECEMBER 2016

LOS ANGELES AREAS

BASIC HMO		10thly RATES	EMPLOYEE CONTRIBUTION
Anthem HMO Select	Plan Code		
Employee Only	4131	$652.16	$0
Employee & 1 Dependent	4132	$1,304.33	$295.10
Employee & 2+ Dependents	4133	$1,695.62	$686.39
Anthem HMO Traditional	Plan Code		
Employee Only	4021	$732.77	$0
Employee & 1 Dependent	4022	$1,465.54	$456.31
Employee & 2+ Dependents	4023	$1,905.19	$895.96
BLUE SHIELD ACCESS+	Plan Code		
Employee Only	3021	$679.84	$0
Employee & 1 Dependent	3022	$1,359.67	$350.44
Employee & 2+ Dependents	3023	$1,767.58	$758.35
BLUE SHIELD NET VALUE	Plan Code		
Employee Only	0621	$691.75	$0
Employee & 1 Dependent	0622	$1,383.50	$374.27
Employee & 2+ Dependents	0623	$1,798.56	$789.33
Health Net Salud y Mas	Plan Code		
Employee Only	4431	$559.33	$0
Employee & 1 Dependent	4432	$1,118.66	$109.43
Employee & 2+ Dependents	4433	$1,454.27	$445.04
Health Net SmartCare	Plan Code		
Employee Only	4081	$702.47	$0
Employee & 1 Dependent	4082	$1,404.94	$395.71
Employee & 2+ Dependents	4083	$1,826.41	$817.18
KAISER	Plan Code		
Employee Only	3061	$652.60	$0
Employee & 1 Dependent	3062	$1,305.19	$295.96
Employee & 2+ Dependents	3063	$1,696.75	$687.52
United Healthcare	Plan Code		
Employee Only	4281	$590.69	$0
Employee & 1 Dependent	4282	$1,181.38	$172.15
Employee & 2+ Dependents	4283	$1,535.78	$526.55

PPO AND INDEMNITY PLANS		10thly RATES	EMPLOYEE CONTRIBUTION
PERS SELECT	Plan Code		
Employee Only	0801	$657.06	$0
Employee & 1 Dependent	0802	$1,314.12	$304.89
Employee & 2+ Dependents	0803	$1,708.36	$699.13
PERS CHOICE	Plan Code		
Employee Only	3211	$718.50	$0
Employee & 1 Dependent	3212	$1,437.00	$427.77
Employee & 2+ Dependents	3213	$1,868.10	$858.87
PERS CARE	Plan Code		
Employee Only	3261	$800.29	$0
Employee & 1 Dependent	3262	$1,600.58	$591.35
Employee & 2+ Dependents	3263	$2,080.76	$1,071.53

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	$9.48	$0
Employee & 1 Dependent	$13.73	$4.25
Employee & 2+ Dependents	$24.64	$15.16
Prudential Life		
Employee	$10.48	$0

Notes:
1) CV employee contributions will be deducted 10 times per year
2) Plan year effective: January 1, 2016 – December 31, 2016
3) District annual contribution per employee: $11,000

CV EMPLOYEES HEALTH INSURANCE PREMIUMS
RATES EFFECTIVE: JANUARY 2016 – DECEMBER 2016

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	$761.70	$0
Employee & 1 Dependent	4782	$1,523.40	$514.17
Employee & 2+ Dependents	4783	$1,980.42	$971.19
Anthem HMO Traditional – South	Plan Code		
Employee Only	4071	$852.95	$0
Employee & 1 Dependent	4072	$1,705.90	$696.67
Employee & 2+ Dependents	4073	$2,217.66	$1,208.43
BLUE SHIELD ACCESS+ - South	Plan Code		
Employee Only	1421	$785.84	$0
Employee & 1 Dependent	1422	$1,571.69	$562.46
Employee & 2+ Dependents	1423	$2,043.19	$1,033.96
BLUE SHIELD NET VALUE - South	Plan Code		
Employee Only	0641	$799.62	$0
Employee & 1 Dependent	0642	$1,599.24	$590.01
Employee & 2+ Dependents	0643	$2,079.01	$1,069.78
Health Net Salud y Mas - South	Plan Code		
Employee Only	4121	$643.18	$0
Employee & 1 Dependent	4122	$1,286.35	$277.12
Employee & 2+ Dependents	4123	$1,432.75	$423.52
Health Net SmartCare - South	Plan Code		
Employee Only	4141	$716.38	$0
Employee & 1 Dependent	4142	$1,432.75	$423.52
Employee & 2+ Dependents	4143	$1,862.58	$853.35
KAISER - South	Plan Code		
Employee Only	3081	$726.06	$0
Employee & 1 Dependent	3082	$1,452.12	$442.89
Employee & 2+ Dependents	3083	$1,887.76	$878.53
United Healthcare - South	Plan Code		
Employee Only	4321	$592.79	$0
Employee & 1 Dependent	4322	$1,185.58	$176.35
Employee & 2+ Dependents	4323	$1,541.24	$532.01

PPO AND INDEMNITY PLANS

PERS SELECT - SOUTH	Plan Code		
Employee Only	0821	$750.24	$0
Employee & 1 Dependent	0822	$1,500.48	$491.25
Employee & 2+ Dependents	0823	$1,950.62	$941.39
PERSCHOICE - SOUTH	Plan Code		
Employee Only	3231	$820.45	$0
Employee & 1 Dependent	3232	$1,640.90	$631.67
Employee & 2+ Dependents	3233	$2,133.18	$1,123.95
PERS CARE - SOUTH	Plan Code		
Employee Only	3281	$913.80	$0
Employee & 1 Dependent	3282	$1,827.60	$818.37
Employee & 2+ Dependents	3283	$2,375.88	$1,366.65

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	$9.48	$0
Employee & 1 Dependent	$13.73	$4.25
Employee & 2+ Dependents	$24.63	$15.16
Prudential Life		
Employee	$10.48	$0

Notes:
1) CV employee contributions will be deducted 10 times per year
2) Plan year effective: January 1, 2016 – December 31, 2016
3) District annual contribution per employee: $11,000