

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**GROUP MEDICAL INSURANCE RATES 2022**

**CERTIFICATED 11 MONTH**

**MEDICAL, DENTAL AND VSP (JANUARY 1, 2022 - DECEMBER 31, 2022) LIFE (JANUARY 1, 2022 - DECEMBER 31, 2022)**

	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>212.80</b>	525.18	737.98	<b>789.69</b>	686.27	1475.96	<b>1147.48</b>	771.27	1918.75	<b>376.21</b>	1542.54	1918.75
ANTHEM TRADITIONAL HMO	<b>495.44</b>	525.18	1020.62	<b>1354.97</b>	686.27	2041.24	<b>1882.34</b>	771.27	2653.61	<b>1111.07</b>	1542.54	2653.61
BLUE SHIELD ACCESS + HMO	<b>325.59</b>	525.18	850.77	<b>1015.26</b>	686.27	1701.53	<b>1440.72</b>	771.27	2211.99	<b>669.45</b>	1542.54	2211.99
BLUE SHIELD TRIO HMO	<b>203.69</b>	525.18	728.87	<b>771.47</b>	686.27	1457.74	<b>1123.79</b>	771.27	1895.06	<b>352.52</b>	1542.54	1895.06
HEALTH NET SALUD Y MAS HMO	<b>0.00</b>	506.04	506.04	<b>325.81</b>	686.27	1012.08	<b>544.43</b>	771.27	1315.70	<b>0.00</b>	1315.70	1315.70
HEALTH NET SMARTCARE HMO	<b>309.32</b>	525.18	834.50	<b>982.73</b>	686.27	1669.00	<b>1398.44</b>	771.27	2169.71	<b>627.17</b>	1542.54	2169.71
KAISER HMO	<b>260.03</b>	525.18	785.21	<b>884.16</b>	686.27	1570.43	<b>1270.29</b>	771.27	2041.56	<b>499.02</b>	1542.54	2041.56
PERS GOLD PPO	<b>102.70</b>	525.18	627.88	<b>569.50</b>	686.27	1255.77	<b>861.23</b>	771.27	1632.50	<b>89.96</b>	1542.54	1632.50
PERS PLATINUM PPO	<b>416.68</b>	525.18	941.86	<b>1197.45</b>	686.27	1883.72	<b>1677.56</b>	771.27	2448.83	<b>906.29</b>	1542.54	2448.83
UNITED HEALTHCARE HMO	<b>316.84</b>	525.18	842.02	<b>997.77</b>	686.27	1684.04	<b>1417.98</b>	771.27	2189.25	<b>646.71</b>	1542.54	2189.25
DELTA DENTAL	<b>0.00</b>	58.01	58.01	<b>55.36</b>	58.01	113.37	<b>86.92</b>	69.49	156.41	<b>17.43</b>	138.98	156.41
VSP-VISION SERVICE PLAN	<b>0.00</b>	10.51	10.51	<b>10.06</b>	10.51	20.57	<b>17.84</b>	10.51	28.35	<b>7.33</b>	21.02	28.35
MUTUAL OF OMAHA	<b>0.00</b>	7.20	7.20	<b>0.00</b>	7.96	7.96	<b>0.00</b>	7.96	7.96	<b>0.00</b>	7.96	7.96

**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)**