



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

2016 SMMUSD HEALTH BENEFIT RATES

Full Time hired after July 2014

Plan Description	12 Mo Rate	COBRA Rate	Tenthly Rate	District Pays	Employee Pays
PERSCare (Blue Cross PPO)					
1-Party	\$666.91	\$680.25	\$800.29	\$531.37	\$268.93
2-Party	\$1,333.82	\$1,360.50	\$1,600.58	\$1,062.73	\$537.85
Family	\$1,733.97	\$1,768.65	\$2,080.76	\$1,381.55	\$699.21
PERS Choice (Blue Cross PPO)					
1-Party	\$598.75	\$610.73	\$718.50	\$531.37	\$187.13
2-Party	\$1,197.50	\$1,221.45	\$1,437.00	\$1,062.73	\$374.27
Family	\$1,556.75	\$1,587.89	\$1,868.10	\$1,381.55	\$486.55
PERS Select (Blue Cross PPO)					
1-Party	\$547.55	\$558.50	\$657.06	\$531.37	\$125.69
2-Party	\$1,095.10	\$1,117.00	\$1,314.12	\$1,062.73	\$251.39
Family	\$1,423.63	\$1,452.10	\$1,708.36	\$1,381.55	\$326.80
Anthem Blue Cross Traditional (HMO)					
1-Party	\$610.64	\$622.85	\$732.77	\$531.37	\$201.40
2-Party	\$1,221.28	\$1,245.71	\$1,465.54	\$1,062.73	\$402.81
Family	\$1,587.66	\$1,619.41	\$1,905.19	\$1,381.55	\$523.64
Anthem Blue Cross Select (HMO)					
1-Party	\$543.47	\$554.34	\$652.16	\$531.37	\$120.80
2-Party	\$1,086.94	\$1,108.68	\$1,304.33	\$1,062.73	\$241.60
Family	\$1,413.02	\$1,441.28	\$1,695.62	\$1,381.55	\$314.07
Blue Shield (HMO)					
1-Party	\$566.53	\$577.86	\$679.84	\$531.37	\$148.47
2-Party	\$1,133.06	\$1,155.72	\$1,359.67	\$1,062.73	\$296.94
Family	\$1,472.98	\$1,502.44	\$1,767.58	\$1,381.55	\$386.02
Blue Shield Net Value (HMO)					
1-Party	\$576.46	\$587.99	\$691.75	\$531.37	\$160.39
2-Party	\$1,152.92	\$1,175.98	\$1,383.50	\$1,062.73	\$320.77
Family	\$1,498.80	\$1,528.78	\$1,798.56	\$1,381.55	\$417.01
Health Net Salud y Más (HMO)					
1-Party	\$466.11	\$475.43	\$559.33	\$531.37	\$27.97
2-Party	\$932.22	\$950.86	\$1,118.66	\$1,062.73	\$55.93
Family	\$1,211.89	\$1,236.13	\$1,454.27	\$1,381.55	\$72.71
Health Net SmartCare (HMO)					
1-Party	\$585.39	\$597.10	\$702.47	\$531.37	\$171.10
2-Party	\$1,170.78	\$1,194.20	\$1,404.94	\$1,062.73	\$342.21
Family	\$1,522.01	\$1,552.45	\$1,826.41	\$1,381.55	\$444.86
Kaiser Permanente (HMO)					
1-Party	\$543.83	\$554.71	\$652.60	\$531.37	\$121.23
2-Party	\$1,087.66	\$1,109.41	\$1,305.19	\$1,062.73	\$242.46
Family	\$1,413.96	\$1,442.24	\$1,696.75	\$1,381.55	\$315.20
Unitedhealthcare (HMO)					
1-Party	\$492.24	\$502.08	\$590.69	\$531.37	\$59.32
2-Party	\$984.48	\$1,004.17	\$1,181.38	\$1,062.73	\$118.65
Family	\$1,279.82	\$1,305.42	\$1,535.78	\$1,381.55	\$154.23
Delta Dental (DDP)					
1-Party	\$60.65	\$61.86	\$72.78	\$72.78	\$0.00
2-Party	\$120.35	\$122.76	\$144.42	\$144.42	\$0.00
Family	\$154.03	\$157.11	\$184.84	\$184.84	\$0.00
PMI Dental					
1-Party	\$27.53	\$28.08	\$33.04	\$33.04	\$0.00
2-Party	\$45.57	\$46.48	\$54.68	\$54.68	\$0.00
Family	\$67.08	\$68.42	\$80.50	\$80.50	\$0.00
UnitedHealthcare Vision					
1-Party	\$8.02	\$8.18	\$9.62	\$9.62*	\$0.00
2-Party	\$13.29	\$13.56	\$15.95	\$9.62*	\$6.33
Family	\$19.85	\$20.25	\$23.82	\$9.62*	\$14.20
Vision Service Plan (VSP)					
1-Party	\$12.57	\$12.82	\$15.08	\$15.08*	\$0.00
2-Party	\$26.23	\$26.75	\$31.48	\$15.08*	\$16.40
Family	\$37.68	\$38.43	\$45.22	\$15.08*	\$30.14

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

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Board of Education: Oscar de la Torre • Dr. José Escarce • Craig Foster • Maria Leon-Vazquez

Laurie Lieberman • Ralph Mechur • Dr. Richard Tahvildaran-Jesswein

Superintendent: Sandra Lyon