



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

2016 SMMUSD HEALTH BENEFIT RATES

Full time hired before July 2014

Plan Description	LOA/Retiree		Tenthly Rate	District Pays	Employee Pays
	Rate	COBRA Rate			
PERSCare (Blue Cross PPO)					
1-Party	\$666.91	\$680.25	\$800.29	\$652.60	\$147.70
2-Party	\$1,333.82	\$1,360.50	\$1,600.58	\$1,305.19	\$295.39
Family	\$1,733.97	\$1,768.65	\$2,080.76	\$1,696.75	\$384.01
PERS Choice (Blue Cross PPO)					
1-Party	\$598.75	\$610.73	\$718.50	\$718.50	\$0.00
2-Party	\$1,197.50	\$1,221.45	\$1,437.00	\$1,305.19	\$131.81
Family	\$1,556.75	\$1,587.89	\$1,868.10	\$1,696.75	\$171.35
PERS Select (Blue Cross PPO)					
1-Party	\$547.55	\$558.50	\$657.06	\$657.06	\$0.00
2-Party	\$1,095.10	\$1,117.00	\$1,314.12	\$1,305.19	\$8.93
Family	\$1,423.63	\$1,452.10	\$1,708.36	\$1,696.75	\$11.60
Anthem Blue Cross Traditional (HMO)					
1-Party	\$610.64	\$622.85	\$732.77	\$732.77	\$0.00
2-Party	\$1,221.28	\$1,245.71	\$1,465.54	\$1,465.54	\$0.00
Family	\$1,587.66	\$1,619.41	\$1,905.19	\$1,905.19	\$0.00
Anthem Blue Cross Select (HMO)					
1-Party	\$543.47	\$554.34	\$652.16	\$652.16	\$0.00
2-Party	\$1,086.94	\$1,108.68	\$1,304.33	\$1,304.33	\$0.00
Family	\$1,413.02	\$1,441.28	\$1,695.62	\$1,695.62	\$0.00
Blue Shield Access (HMO)					
1-Party	\$566.53	\$577.86	\$679.84	\$679.84	\$0.00
2-Party	\$1,133.06	\$1,155.72	\$1,359.67	\$1,359.67	\$0.00
Family	\$1,472.98	\$1,502.44	\$1,767.58	\$1,767.58	\$0.00
Blue Shield Net Value (HMO)					
1-Party	\$576.46	\$587.99	\$691.75	\$691.75	\$0.00
2-Party	\$1,152.92	\$1,175.98	\$1,383.50	\$1,383.50	\$0.00
Family	\$1,498.80	\$1,528.78	\$1,798.56	\$1,798.56	\$0.00
Health Net Salud y Más (HMO)					
1-Party	\$466.11	\$475.43	\$559.33	\$559.33	\$0.00
2-Party	\$932.22	\$950.86	\$1,118.66	\$1,118.66	\$0.00
Family	\$1,211.89	\$1,236.13	\$1,454.27	\$1,454.27	\$0.00
Health Net SmartCare (HMO)					
1-Party	\$585.39	\$597.10	\$702.47	\$702.47	\$0.00
2-Party	\$1,170.78	\$1,194.20	\$1,404.94	\$1,404.94	\$0.00
Family	\$1,522.01	\$1,552.45	\$1,826.41	\$1,826.41	\$0.00
Kaiser Permanente (HMO)					
1-Party	\$543.83	\$554.71	\$652.60	\$652.60	\$0.00
2-Party	\$1,087.66	\$1,109.41	\$1,305.19	\$1,305.19	\$0.00
Family	\$1,413.96	\$1,442.24	\$1,696.75	\$1,696.75	\$0.00
Unitedhealthcare (HMO)					
1-Party	\$492.24	\$502.08	\$590.69	\$590.69	\$0.00
2-Party	\$984.48	\$1,004.17	\$1,181.38	\$1,181.38	\$0.00
Family	\$1,279.82	\$1,305.42	\$1,535.78	\$1,535.78	\$0.00
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