



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

2017 SMMUSD HEALTH BENEFIT RATES					
Hired after July 2014					
Plan Description	12 Mo Rate	COBRA Rate	Tenthly Rate	District Pays	Employee Pays
PERSCare (Blue Cross PPO)					
1-Party	\$715.88	\$730.20	\$859.06	\$472.86	\$386.20
2-Party	\$1,431.76	\$1,460.40	\$1,718.11	\$945.72	\$772.39
Family	\$1,861.29	\$1,898.52	\$2,233.55	\$1,229.43	\$1,004.12
PERS Choice (Blue Cross PPO)					
1-Party	\$637.53	\$650.28	\$765.04	\$472.86	\$292.18
2-Party	\$1,275.06	\$1,300.56	\$1,530.07	\$945.72	\$584.35
Family	\$1,657.58	\$1,690.73	\$1,989.10	\$1,229.43	\$759.66
PERS Select (Blue Cross PPO)					
1-Party	\$565.33	\$576.64	\$678.40	\$472.86	\$205.54
2-Party	\$1,130.66	\$1,153.27	\$1,356.79	\$945.72	\$411.07
Family	\$1,469.86	\$1,499.26	\$1,763.83	\$1,229.43	\$534.40
Anthem Blue Cross Traditional (HMO)					
1-Party	\$713.69	\$727.96	\$856.43	\$472.86	\$383.57
2-Party	\$1,427.38	\$1,455.93	\$1,712.86	\$945.72	\$767.13
Family	\$1,855.59	\$1,892.70	\$2,226.71	\$1,229.43	\$997.28
Anthem Blue Cross Select (HMO)					
1-Party	\$592.78	\$604.64	\$711.34	\$472.86	\$238.48
2-Party	\$1,185.56	\$1,209.27	\$1,422.67	\$945.72	\$476.95
Family	\$1,541.23	\$1,572.05	\$1,849.48	\$1,229.43	\$620.04
Blue Shield (HMO)					
1-Party	\$675.98	\$689.50	\$811.18	\$472.86	\$338.32
2-Party	\$1,351.96	\$1,379.00	\$1,622.35	\$945.72	\$676.63
Family	\$1,757.55	\$1,792.70	\$2,109.06	\$1,229.43	\$879.63
Health Net Salud y Más (HMO)					
1-Party	\$414.79	\$423.09	\$497.75	\$472.86	\$24.89
2-Party	\$829.58	\$846.17	\$995.50	\$945.72	\$49.77
Family	\$1,078.45	\$1,100.02	\$1,294.14	\$1,229.43	\$64.71
Health Net SmartCare (HMO)					
1-Party	\$526.73	\$537.26	\$632.08	\$472.86	\$159.22
2-Party	\$1,053.46	\$1,074.53	\$1,264.15	\$945.72	\$318.43
Family	\$1,369.50	\$1,396.89	\$1,643.40	\$1,229.43	\$413.97
Kaiser Permanente (HMO)					
1-Party	\$573.89	\$585.37	\$688.67	\$472.86	\$215.81
2-Party	\$1,147.78	\$1,170.74	\$1,377.34	\$945.72	\$431.61
Family	\$1,492.11	\$1,521.95	\$1,790.53	\$1,229.43	\$561.10
Unitedhealthcare (HMO)					
1-Party	\$545.71	\$556.62	\$654.85	\$472.86	\$181.99
2-Party	\$1,091.42	\$1,113.25	\$1,309.70	\$945.72	\$363.98
Family	\$1,418.85	\$1,447.23	\$1,702.62	\$1,229.43	\$473.19
Delta Dental (DDP)					
1-Party	\$62.48	\$63.73	\$74.98	\$74.98	\$0.00
2-Party	\$123.98	\$126.46	\$148.78	\$148.78	\$0.00
Family	\$158.68	\$161.85	\$190.42	\$190.42	\$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	\$12.32	\$12.57	\$14.78	\$14.78*	\$0.00
2-Party	\$25.71	\$26.22	\$30.85	\$14.78*	\$16.07
Family	\$36.93	\$37.67	\$44.32	\$14.78*	\$29.54

Single Vision Coverage for Classified Staff. Certified/Management pay full Tenthly Rate*

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1651 Sixteenth Street • Santa Monica • California 90404-3891 • (310) 450-8338 • www.smmusd.org

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

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