



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

**2017 SMMUSD HEALTH BENEFIT RATES**

Hired before July 2014					
Plan Description	12 Mo Rate	COBRA Rate	Tenthly Rate	District Pays	Employee Pays
<b>PERSCare (Blue Cross PPO)</b>					
1-Party	\$715.88	\$730.20	\$859.06	\$688.67	\$170.39
2-Party	\$1,431.76	\$1,460.40	\$1,718.11	\$1,377.34	\$340.78
Family	\$1,861.29	\$1,898.52	\$2,233.55	\$1,790.53	\$443.02
<b>PERS Choice (Blue Cross PPO)</b>					
1-Party	\$637.53	\$650.28	\$765.04	\$765.04	\$0.00
2-Party	\$1,275.06	\$1,300.56	\$1,530.07	\$1,377.34	\$152.74
Family	\$1,657.58	\$1,690.73	\$1,989.10	\$1,790.53	\$198.56
<b>PERS Select (Blue Cross PPO)</b>					
1-Party	\$565.33	\$576.64	\$678.40	\$678.40	\$0.00
2-Party	\$1,130.66	\$1,153.27	\$1,356.79	\$1,356.79	\$0.00
Family	\$1,469.86	\$1,499.26	\$1,763.83	\$1,763.83	\$0.00
<b>Anthem Blue Cross Traditional (HMO)</b>					
1-Party	\$713.69	\$727.96	\$856.43	\$856.43	\$0.00
2-Party	\$1,427.38	\$1,455.93	\$1,712.86	\$1,712.86	\$0.00
Family	\$1,855.59	\$1,892.70	\$2,226.71	\$2,226.71	\$0.00
<b>Anthem Blue Cross Select (HMO)</b>					
1-Party	\$592.78	\$604.64	\$711.34	\$711.34	\$0.00
2-Party	\$1,185.56	\$1,209.27	\$1,422.67	\$1,422.67	\$0.00
Family	\$1,541.23	\$1,572.05	\$1,849.48	\$1,849.48	\$0.00
<b>Blue Shield (HMO)</b>					
1-Party	\$675.98	\$689.50	\$811.18	\$811.18	\$0.00
2-Party	\$1,351.96	\$1,379.00	\$1,622.35	\$1,622.35	\$0.00
Family	\$1,757.55	\$1,792.70	\$2,109.06	\$2,109.06	\$0.00
<b>Health Net Salud y Más (HMO)</b>					
1-Party	\$414.79	\$423.09	\$497.75	\$497.75	\$0.00
2-Party	\$829.58	\$846.17	\$995.50	\$995.50	\$0.00
Family	\$1,078.45	\$1,100.02	\$1,294.14	\$1,294.14	\$0.00
<b>Health Net SmartCare (HMO)</b>					
1-Party	\$526.73	\$537.26	\$632.08	\$632.08	\$0.00
2-Party	\$1,053.46	\$1,074.53	\$1,264.15	\$1,264.15	\$0.00
Family	\$1,369.50	\$1,396.89	\$1,643.40	\$1,643.40	\$0.00
<b>Kaiser Permanente (HMO)</b>					
1-Party	\$573.89	\$585.37	\$688.67	\$688.67	\$0.00
2-Party	\$1,147.78	\$1,170.74	\$1,377.34	\$1,377.34	\$0.00
Family	\$1,492.11	\$1,521.95	\$1,790.53	\$1,790.53	\$0.00
<b>Unitedhealthcare (HMO)</b>					
1-Party	\$545.71	\$556.62	\$654.85	\$654.85	\$0.00
2-Party	\$1,091.42	\$1,113.25	\$1,309.70	\$1,309.70	\$0.00
Family	\$1,418.85	\$1,447.23	\$1,702.62	\$1,702.62	\$0.00
<b>Delta Dental (DDP)</b>					
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
<b>PMI Dental</b>					
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
<b>UnitedHealthcare Vision</b>					
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
<b>Vision Service Plan (VSP)</b>					
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**

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