

2022 SMMUSD HEALTH BENEFIT RATES

Plan Description	12 Mo Rate	COBRA Rate	Tenthly Rate	District Pays	EMPLOYEE COST
PERS Platinum (Blue Cross PPD)					
SINGLE	\$863.37	\$880.64	\$1,036.04	\$986.04	\$50.00
TWO PARTY	\$1,726.74	\$1,761.27	\$2,072.09	\$1,897.09	\$175.00
FAMILY	\$2,244.76	\$2,289.66	\$2,693.71	\$2,473.71	\$220.00
PERS Gold (Blue Cross PPD)					
SINGLE	\$575.56	\$587.07	\$690.67	\$690.67	\$0.00
TWO PARTY	\$1,151.12	\$1,174.14	\$1,381.34	\$1,381.34	\$0.00
FAMILY	\$1,496.46	\$1,526.39	\$1,795.75	\$1,795.75	\$0.00
Anthem Blue Cross Traditional (HMO)					
SINGLE	\$935.57	\$954.28	\$1,122.68	\$865.50	\$257.19
TWO PARTY	\$1,871.14	\$1,908.56	\$2,245.37	\$1,730.99	\$514.37
FAMILY	\$2,432.48	\$2,481.13	\$2,918.98	\$2,250.29	\$668.68
Anthem Blue Cross Select (HMO)					
SINGLE	\$676.48	\$690.01	\$811.78	\$811.78	\$0.00
TWO PARTY	\$1,352.96	\$1,380.02	\$1,623.55	\$1,623.55	\$0.00
FAMILY	\$1,758.85	\$1,794.03	\$2,110.62	\$2,110.62	\$0.00
Blue Shield Access (HMO)					
SINGLE	\$779.87	\$795.47	\$935.84	\$865.50	\$70.35
TWO PARTY	\$1,559.74	\$1,590.93	\$1,871.69	\$1,730.99	\$140.69
FAMILY	\$2,027.66	\$2,068.21	\$2,433.19	\$2,250.29	\$182.90
Blue Shield Trio (HMO)					
SINGLE	\$668.13	\$681.49	\$801.76	\$801.76	\$0.00
TWO PARTY	\$1,336.26	\$1,362.99	\$1,603.51	\$1,603.51	\$0.00
FAMILY	\$1,737.14	\$1,771.88	\$2,084.57	\$2,084.57	\$0.00
Health Net Salud y Más (HMO)					
SINGLE	\$463.87	\$473.15	\$556.64	\$556.64	\$0.00
TWO PARTY	\$927.74	\$946.29	\$1,113.29	\$1,113.29	\$0.00
FAMILY	\$1,206.06	\$1,230.18	\$1,447.27	\$1,447.27	\$0.00
Health Net SmartCare (HMO)					
SINGLE	\$764.96	\$780.26	\$917.95	\$865.50	\$52.46
TWO PARTY	\$1,529.92	\$1,560.52	\$1,835.90	\$1,730.99	\$104.91
FAMILY	\$1,988.90	\$2,028.68	\$2,386.68	\$2,250.29	\$136.39
Kaiser Permanente (HMO)					
SINGLE	\$719.78	\$734.18	\$863.74	\$863.74	\$0.00
TWO PARTY	\$1,439.56	\$1,468.35	\$1,727.47	\$1,727.47	\$0.00
FAMILY	\$1,871.43	\$1,908.86	\$2,245.72	\$2,245.72	\$0.00
United Healthcare Signature Alliance(HMO)					
SINGLE	\$771.85	\$787.29	\$926.22	\$865.50	\$60.72
TWO PARTY	\$1,543.70	\$1,574.57	\$1,852.44	\$1,730.99	\$121.45
FAMILY	\$2,006.81	\$2,046.95	\$2,408.17	\$2,250.29	\$157.88
United Healthcare Signature Harmony(HMO)					
SINGLE	\$714.28	\$728.57	\$857.14	\$857.14	\$0.00
TWO PARTY	\$1,428.56	\$1,457.13	\$1,714.27	\$1,714.27	\$0.00
FAMILY	\$1,857.13	\$1,894.27	\$2,228.56	\$2,228.56	\$0.00
Delta Dental Premier Dental PPD					
SINGLE	\$58.49	\$59.66	\$70.19	\$70.19	\$0.00
TWO PARTY	\$116.05	\$118.37	\$139.26	\$139.26	\$0.00
FAMILY	\$148.54	\$151.51	\$178.25	\$178.25	\$0.00
Delta Cares Dental HMO					
SINGLE	\$28.08	\$28.64	\$33.70	\$33.70	\$0.00
TWO PARTY	\$46.48	\$47.41	\$55.78	\$55.78	\$0.00
FAMILY	\$68.42	\$69.79	\$82.10	\$82.10	\$0.00
United Healthcare Vision					
SINGLE	\$8.02	\$8.18	\$9.62	\$9.62	\$0.00
TWO 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)					
SINGLE	\$8.74	\$8.91	\$10.49	\$10.49	\$0.00
TWO PARTY	\$18.24	\$18.60	\$21.89	\$10.49	\$11.40
FAMILY	\$26.19	\$26.71	\$31.43	\$10.49	\$20.94

CERTIFICATED/MANAGEMENT STAFF PAY FULL TENTHLY RATE FOR VISION COVERAGE