

Centinela Valley Union High School District
MONTHLY HEALTH INSURANCE PREMIUMS¹
EFFECTIVE: January 1, 2010 – September 30, 2010

LOS ANGELES AREA REGION

BASIC HMO

BLUE SHIELD NET VALUE	Plan Code	A	B	C	D
Employee Only	0621	368.06	441.67	514.72	0.00
Employee & 1 Dependent	0622	736.12	883.34	514.72	368.62
Employee & 2+ Dependents	0623	956.96	1,148.35	514.72	633.63
KAISER	Plan Code	A	B	C	D
Employee Only	3061	413.17	495.80	514.72	0.00
Employee & 1 Dependent	3062	826.34	991.61	514.72	476.89
Employee & 2+ Dependents	3063	1,074.24	1,289.09	514.72	774.34
BLUE SHIELD	Plan Code	A	B	C	D
Employee Only	3021	424.69	509.63	514.72	0.00
Employee & 1 Dependent	3022	849.38	1,019.26	514.72	504.54
Employee & 2+ Dependents	3023	1,104.19	1,325.03	514.72	810.31

PREFERRED PROVIDERS (PPO) AND INDEMNITY PLANS

PERS SELECT	Plan Code	A	B	C	D
Employee Only	0801	422.35	506.82	514.72	0.00
Employee & 1 Dependent	0802	844.70	1,013.64	514.72	498.92
Employee & 2+ Dependents	0803	1,098.11	1,317.73	514.72	803.01
PERS CHOICE	Plan Code	A	B	C	D
Employee Only	3211	452.41	542.89	514.72	28.17
Employee & 1 Dependent	3212	904.82	1,085.78	514.72	571.06
Employee & 2+ Dependents	3213	1,176.27	1,411.52	514.72	896.80
PERS CARE	Plan Code	A	B	C	D
Employee Only	3261	772.05	926.46	514.72	411.74
Employee & 1 Dependent	3262	1,544.10	1,852.92	514.72	1,338.20
Employee & 2+ Dependents	3263	2,007.33	2,408.80	514.72	1,894.08

OTHER

Delta Dental	A	B	C	D
Employee Only		58.50	58.50	0.00
Employee & 1 Dependent		99.60	58.50	41.10
Employee & 2+ Dependents		152.33	58.50	93.83
Vision Service Plan (VSP)			\$7.58	
Prudential Life			\$19.20	

COLUMN A IS THE ACTUAL COST PER MONTH FOR 12 MONTHS
 COLUMN B IS THE COST PER MONTH FOR 10 MONTHS (“A” TIMES 12 DIVIDED BY 10)
 COLUMN C IS THE AMOUNT OF THE DISTRICT CONTRIBUTION
 COLUMN D IS THE COST PER MONTH TO THE EMPLOYEE (¹PREMIUMS PAID OVER 10 MONTHS)

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OTHER SOUTHERN CALIFORNIA AREA REGIONS
(Imperial, Orange, Riverside and San Diego Counties)

BASIC HMO

BLUE SHIELD NET VALUE SOUTH	Plan Code	A	B	C	D
Employee Only	0641	420.59	504.71	514.72	0.00
Employee & 1 Dependent	0642	841.18	1,009.42	514.72	494.70
Employee & 2+ Dependents	0643	1,093.53	1312.24	514.72	797.52
KAISER SOUTH	Plan Code	A	B	C	D
Employee Only	3081	454.99	545.99	514.72	31.27
Employee & 1 Dependent	3082	909.98	1,091.98	514.72	577.26
Employee & 2+ Dependents	3083	1,182.97	1,419.56	514.72	904.84
BLUE SHIELD SOUTH	Plan Code	A	B	C	D
Employee Only	3041	485.29	582.35	514.72	67.63
Employee & 1 Dependent	3042	970.58	1,164.70	514.72	649.98
Employee & 2+ Dependents	3043	1,261.75	1,514.10	514.72	999.38

PREFERRED PROVIDERS (PPO) AND INDEMNITY PLANS

PERS SELECT SOUTH	Plan Code	A	B	C	D
Employee Only	0821	441.41	529.69	514.72	14.97
Employee & 1 Dependent	0822	882.82	1,059.38	514.72	544.66
Employee & 2+ Dependents	0823	1,147.67	1,377.20	514.72	862.48
PERS CHOICE SOUTH	Plan Code	A	B	C	D
Employee Only	3231	472.83	567.40	514.72	52.68
Employee & 1 Dependent	3232	945.66	1,134.79	514.72	620.07
Employee & 2+ Dependents	3233	1,229.36	1,475.23	514.72	960.51
PERS CARE SOUTH	Plan Code	A	B	C	D
Employee Only	3281	806.89	968.27	514.72	453.55
Employee & 1 Dependent	3282	1,613.78	1,936.54	514.72	1,421.82
Employee & 2+ Dependents	3283	2,097.91	2,517.49	514.72	2,002.77

OTHER

Delta Dental	A	B	C	D
Employee Only		58.50	58.50	0.00
Employee & 1 Dependent		99.60	58.50	41.10
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