

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
2010-2011 HEALTH INSURANCE COSTS**

	TENTHLY PREMIUM	DISTRICT SHARE	EMPLOYEE SHARE*
UHC PPO - Opt #1 (8CA)			
	rates shown are figured 10thly		
Employee Only	1076.80	461.07	615.73
Employee + One	2153.60	922.12	1231.48
Family (3 or more)	2799.65	1267.98	1531.67
UHC PPO - Opt #2 (8CN)			
Employee Only	906.86	461.07	445.79
Employee + One	1813.74	922.12	891.62
Family (3 or more)	2357.83	1267.98	1089.85
PacifiCare HMO (HTX)			
Employee Only	576.34	461.07	115.27
Employee + One	1152.65	922.12	230.53
Family (3 or more)	1584.98	1267.98	317.00
Kaiser Permanente (KTX)			
Employee Only	595.68	461.07	134.61
Employee + One	1191.36	922.12	269.24
Family (3 or more)	1685.77	1267.98	417.79
Delta Dental Plan (DDP or DD5)			
Employee Only	87.98	70.38	17.60
Employee + One	149.58	119.66	29.92
Family (3 or more)	228.75	183.00	45.75
Vision Service Plan (VSP or VP5)			
Employee Only	16.16	12.93	3.23
Employee + One	23.43	18.74	4.69
Family (3 or more)	42.03	33.62	8.41

*Note: Employee Share is based on full time employment-10thly pay

Life Insurance & Long Term Disability are District Paid
Available only to employees working 50% time or more per week.