

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
2018-19 Insurance Rates**

	Total Premium	District Share	Full Time Employee Share
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Anthem Blue Cross Premier Select HMO

<i>Single</i>	\$ 746.45	\$ 597.16	\$ 149.29
<i>2-Party</i>	\$ 1,567.57	\$ 1,254.06	\$ 313.51
<i>Family</i>	\$ 2,239.37	\$ 1,791.50	\$ 447.87

Anthem Blue Cross Premier Vivity HMO

<i>Single</i>	\$ 771.35	\$ 597.16	\$ 174.19
<i>2-Party</i>	\$ 1,619.84	\$ 1,254.06	\$ 365.78
<i>Family</i>	\$ 2,314.04	\$ 1,791.50	\$ 522.54

Anthem Blue Cross Custom Premier PPO

<i>Single</i>	\$ 1,413.20	\$ 597.16	\$ 816.04
<i>2-Party</i>	\$ 2,967.76	\$ 1,254.06	\$ 1,713.70
<i>Family</i>	\$ 4,239.66	\$ 1,791.50	\$ 2,448.16

Anthem Blue Cross Custom Classic PPO

<i>Single</i>	\$ 1,161.54	\$ 597.16	\$ 564.38
<i>2-Party</i>	\$ 2,439.26	\$ 1,254.06	\$ 1,185.20
<i>Family</i>	\$ 3,484.66	\$ 1,791.50	\$ 1,693.16

Kaiser Permanente HMO (\$0 Copay Option)

<i>Single</i>	\$ 708.92	\$ 597.16	\$ 111.76
<i>2-Party</i>	\$ 1,417.85	\$ 1,254.06	\$ 163.79
<i>Family</i>	\$ 2,006.26	\$ 1,791.50	\$ 214.76

Kaiser Permanente HMO (\$15 Copay Option)

<i>Single</i>	\$ 642.60	\$ 597.16	\$ 45.44
<i>2-Party</i>	\$ 1,285.21	\$ 1,254.06	\$ 31.15
<i>Family</i>	\$ 1,818.57	\$ 1,791.50	\$ 27.07

Delta Dental Plan

<i>Single</i>	\$ 82.87	\$ 66.30	\$ 16.57
<i>2-Party</i>	\$ 140.89	\$ 112.71	\$ 28.18
<i>Family</i>	\$ 215.46	\$ 172.37	\$ 43.09

Vision Service Plan

<i>Single</i>	\$ 13.57	\$ 10.86	\$ 2.71
<i>2-Party</i>	\$ 27.13	\$ 21.70	\$ 5.43
<i>Family</i>	\$ 43.67	\$ 34.94	\$ 8.73

LIFE INSURANCE	DISTRICT PAID - must work minimum 50% time
LONG TERM DISABILITY	DISTRICT PAID - must work minimum 50% time