

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**  
**2020-21 Insurance Rates**  
**Full Time Monthly Employees**  
**(Premium split 10thly)**

Total Premium	District Share	Full Time Employee Share
---------------	----------------	--------------------------

**Anthem Blue Cross Premier Select HMO**

<i>Single</i>	\$ 789.26	\$ 631.41	\$ 157.85
<i>2-Party</i>	\$ 1,657.48	\$ 1,325.98	\$ 331.50
<i>Family</i>	\$ 2,367.83	\$ 1,894.26	\$ 473.57

**Anthem Blue Cross Premier Vivity HMO**

<i>Single</i>	\$ 776.04	\$ 631.41	\$ 144.63
<i>2-Party</i>	\$ 1,629.71	\$ 1,325.98	\$ 303.73
<i>Family</i>	\$ 2,328.13	\$ 1,894.26	\$ 433.87

**Anthem Blue Cross Custom Classic PPO**

<i>Single</i>	\$ 1,395.56	\$ 631.41	\$ 764.15
<i>2-Party</i>	\$ 2,930.71	\$ 1,325.98	\$ 1,604.73
<i>Family</i>	\$ 4,186.73	\$ 1,894.26	\$ 2,292.47

**Anthem Blue Cross Custom Premier PPO**

<i>Single</i>	\$ 1,898.03	\$ 631.41	\$ 1,266.62
<i>2-Party</i>	\$ 3,985.90	\$ 1,325.98	\$ 2,659.92
<i>Family</i>	\$ 5,694.10	\$ 1,894.26	\$ 3,799.84

**Kaiser Permanente HMO (\$0 Copay Option)**

<i>Single</i>	\$ 775.79	\$ 631.41	\$ 144.38
<i>2-Party</i>	\$ 1,551.58	\$ 1,325.98	\$ 225.60
<i>Family</i>	\$ 2,195.48	\$ 1,894.26	\$ 301.22

**Kaiser Permanente HMO (\$15 Copay Option)**

<i>Single</i>	\$ 703.21	\$ 631.41	\$ 71.80
<i>2-Party</i>	\$ 1,406.44	\$ 1,315.04	\$ 91.40
<i>Family</i>	\$ 1,990.10	\$ 1,860.78	\$ 129.32

**Delta Dental Plan**

<i>Single</i>	\$ 77.15	\$ 61.72	\$ 15.43
<i>2-Party</i>	\$ 131.17	\$ 104.94	\$ 26.23
<i>Family</i>	\$ 200.59	\$ 160.47	\$ 40.12

**Vision Service Plan**

<i>Single</i>	\$ 17.51	\$ 14.01	\$ 3.50
<i>2-Party</i>	\$ 34.99	\$ 27.99	\$ 7.00
<i>Family</i>	\$ 56.34	\$ 45.07	\$ 11.27

**Vision Service Plan Buy Up Option**

<i>Single</i>	\$ 23.62	\$ 18.90	\$ 4.72
<i>2-Party</i>	\$ 47.21	\$ 37.77	\$ 9.44
<i>Family</i>	\$ 75.98	\$ 60.78	\$ 15.20

Life Insurance	DISTRICT PAID - must work minimum 50% time		
Long Term Disability	DISTRICT PAID - must work minimum 50% time		