# PUHSD ~ RETIREES (Age 55-64) and COBRA 2016~2017

## **INSURANCE RATES**

#### Anthem Blue Cross/United Heatlthcare HMO of California

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HMO20	
\$20 DOV	
\$5/25/40 RX	Monthly
Single	\$613.72
2~Party	<b>\$1,227.44</b>
Family	\$1,810.47
НМО30	
\$30 DOV	
\$10/30/60 RX	Monthly
Single	\$573.03
2~Party	\$1,146.06
Family	\$1,690.44
HMO40	
\$500/\$1000 deductible	
\$40 DOV \$250 Admission Copay	
\$10/30/60 RX	Monthly
Single	<b>\$519.36</b>
2~Party	\$1,038.72
Family	\$1,532.11

#### **Anthem Blue Cross PPO - California Rate**

770	
PPO500	
\$500/1500 90/70%	
\$10/30 RX	Monthly
Single	\$1,200.14
2~Party	\$2,400.28
Family	\$3,540.41
PPO750	
\$750/2250 80/60%	
\$15/50 RX	Monthly
Single	\$1,081.11
2~Party	\$2,162.22
Family	\$3,189.27

#### **Anthem Blue Cross H.S.A.**

PLAN 1	
\$1500/3000 90/70%	
\$10/30 RX	Monthly
Single	\$670.26
2~Party	\$1,340.52
Family	\$1,977.27

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## Kaiser Hi

\$20 DOV	
\$10 RX	Monthly
Single	\$575.49
2~Party	\$1,151.02
Family	<b>\$1,628.68</b>
COBRA - Composite (Class only)	\$1,136.68

Kaiser Lo-Option (Mgmt/Conf & Classified ONLY)

\$20 DOV	
\$500/1000 20%	
\$10/30 RX	Monthly
Single	\$467.31
2~Party	\$934.64
Family	\$1,322.51
COBRA - Composite (Class only)	\$926.06

# **Dental**

	Monthly
PPO-Incentive	S-\$65.49; 2-pty-\$130.98; F-\$193.20
PPO	S-\$53.84; 2-pty-\$107.67; F-\$158.82
<b>Anthem Dental - Certificated</b>	S-\$44.85; 2-pty-\$89.71; F-\$132.32
<b>Anthem Dental - Mgmt/Conf/Class</b>	S-\$45.59; 2-pty-\$91.18; F-\$134.49
DeltaCare PMI - Classified	S; 2-Pty; F - \$53.15

#### Vision

	Monthly
VSP - Cert/Mgmt/Conf	S-\$7.03; 2-Pty-\$14.06; F-\$20.74
VSP - Classified	S-\$15.03; 2-Pty-\$30.06; F-\$44.34
MES - Cert/Mgmt/Conf	S-\$4.90; 2-Pty \$9.80; F-\$14.46
MES - Classified	S-\$5.27.; 2-Pty-\$10.55; F-\$15.56