

**PUHSD ~ RETIREES (Age 55-64) and COBRA
2017~2018**

INSURANCE RATES

Anthem Blue Cross/United Healthcare HMO of California

HMO20 \$20 DOV \$5/25/40 RX	Monthly
Single	\$665.82
2~Party	\$1,331.64
Family	\$1,964.7
HMO30 \$30 DOV \$10/30/60 RX	Monthly
Single	\$621.68
2~Party	\$1,243.36
Family	\$1,833.96
HMO40 \$500/\$1000 deductible \$40 DOV \$250 Admission Copay \$10/30/60 RX	Monthly
Single	\$563.45
2~Party	\$1,126.90
Family	\$1,662.18

Anthem Blue Cross PPO - California Rate

PPO500 \$500/1500 90/70% \$10/30 RX	Monthly
Single	\$1305.75
2~Party	\$2,611.50
Family	\$3,851.96
PPO750 \$750/2250 80/60% \$15/50 RX	Monthly
Single	\$1,176.25
2~Party	\$2,352.50
Family	\$3,469.94

Anthem Blue Cross H.S.A.

PLAN 1 \$1500/3000 90/70% \$10/30 RX	Monthly
Single	\$729.24
2~Party	\$1,458.48
Family	\$2,151.26

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Kaiser Hi

\$20 DOV \$10 RX	Monthly
Single	\$609.92
2~Party	\$1,219.87
Family	\$1,726.11
COBRA - Composite (Class only)	\$1,204.67

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

\$20 DOV \$500/1000 20% \$10/30 RX	Monthly
Single	\$498.77
2~Party	\$997.56
Family	\$1,411.54
COBRA - Composite (Class only)	\$988.40

Dental

	Monthly
DELTA PPO-Incentive	S-\$63.77; 2-pty-\$127.55; F-\$188.14
DELTA PPO	S-\$52.43 2-pty-\$104.85; F-\$154.65
Anthem Dental - Certificated	S-\$44.53; 2-pty-\$89.06; F-\$131.37
Anthem Dental - Mgmt/Conf/Class	S-\$45.26; 2-pty-\$90.52; F-\$133.52
DeltaCare HMO -	S; 2-Pty; F - \$53.15

Vision

	Monthly
VSP - Cert/Mgmt/Conf	S-\$7.13; 2-Pty-\$14.27; F-\$21.04
VSP - Classified	S-\$15.25; 2-Pty-\$30.50; F-\$44.99
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