SAN LEANDRO UNIFIED SCHOOL DISTRICT Monthly Premium Rate Sheet 2020

Dential Plans SLT A Rates Effective 10/1/2019 DELTA DENTAL PPO 58.80 120.90 174.30 Delta Care USA 19.57 32.29 47.76 Delta Care USA 19.57 32.29 47.76 Delta Dental PPO MGMT, T/T & CSEA 70.60 125.40 175.40 Delta Care USA MGMT, T/T & CSEA 19.57 32.29 47.76 Vision Plan Rates Effective 1/1/2020 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 HMO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Select HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 2369.68 2369.61 2946.16 PERS Select 520.29 1040			EMP <u>ONLY</u>	EMP+ <u>1 DEP</u>	EMP+ <u>2 OR MORE</u>		
Delta Care USA 19.57 32.29 47.76 Dental Plans MGMT, T/T & CSEA 47.76 Delta Dental PPO MGMT, T/T & CSEA 19.57 32.29 47.76 Delta Care USA MGMT, T/T & CSEA 19.57 32.29 47.76 Vision Plan Rates Effective 1/1/2020 47.76 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 HMO Plans Rates Effective 1/1/2020 Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 <	Dental Plans SLTA	Rates Effective 10/1/2019					
Dental Plans MGMT, T/T &CSEA 70.60 125.40 175.40 Delta Dental PPO MGMT, T/T &CSEA 70.60 125.40 175.40 Delta Care USA MGMT, T/T &CSEA 19.57 32.29 47.76 Vision Plan Rates Effective 1/1/2020 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 VSP 1536.98 1998.07 HMO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00			58.80	120.90	174.30		
Delta Dental PPO MGMT, T/T &CSEA 70.60 125.40 175.40 Delta Care USA MGMT, T/T &CSEA 19.57 32.29 47.76 Vision Plan Rates Effective 1/1/2020 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 125.40 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 19.47 30.88 100.52 HMO Plans 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans 2239.07 2239.07 PERS Choice 861.18 1722.36 2239.07 PERS Care 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Delta Care USA		19.57	32.29	47.76		
Delta Dental PPO MGMT, T/T &CSEA 70.60 125.40 175.40 Delta Care USA MGMT, T/T &CSEA 19.57 32.29 47.76 Vision Plan Rates Effective 1/1/2020 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 V 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 V 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 V V 90.77 30.88 MGO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans P 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Dental Plans MGMT	. T/T &CSEA					
Vision Plan Rates Effective 1/1/2020 VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 HMO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERS Care 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00	·		70.60	125.40	175.40		
VSP 12.53 19.47 30.88 CalPERS Health Plans Rates Effective 1/1/2020 HMO Plans Kaiser 768.49 1536.98 1998.07 Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00	Delta Care USA	MGMT,T/T&CSEA	19.57	32.29	47.76		
CaIPERS Health Plans Rates Effective 1/1/2020 HMO Plans Kaiser 768.49 1536.98 1998.07 Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Vision Plan	Rates Effective 1/1/2020					
HMO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	VSP		12.53	19.47	30.88		
HMO Plans Kaiser 768.49 1536.98 1998.07 Anthem Select HMO 868.98 1737.96 2259.35 Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	CalDEDS Health Diar	Botos Effostivo 1/1/2020					
Kaiser768.491536.981998.07Anthem Select HMO868.981737.962259.35Anthem Traditional HMO1184.842369.683080.58Health Net SmartCare Bay Area1000.522001.042601.35PPO PlansPERS Choice861.181722.362239.07PERS Choice861.181722.362239.07PERSCare1133.142266.282946.16PERS Select520.291040.581352.75TEAMSTER Health PlanCLOSED1871.001871.001871.00							
Anthem Traditional HMO 1184.84 2369.68 3080.58 Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00			768.49	1536.98	1998.07		
Health Net SmartCare Bay Area 1000.52 2001.04 2601.35 PPO Plans PERS Choice 861.18 1722.36 2239.07 PERS Choice 861.18 1722.66.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Anthem Select HMO		868.98	1737.96	2259.35		
PPO Plans 861.18 1722.36 2239.07 PERS Choice 861.18 1722.36 2239.07 PERS Care 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Anthem Traditional HMO		1184.84	2369.68	3080.58		
PERS Choice 861.18 1722.36 2239.07 PERS Care 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00	Health Net SmartCare Bay Area		1000.52	2001.04	2601.35		
PERS Choice 861.18 1722.36 2239.07 PERS Care 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00							
PERSCare 1133.14 2266.28 2946.16 PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00			0.41.40				
PERS Select 520.29 1040.58 1352.75 TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00							
TEAMSTER Health Plan CLOSED 1871.00 1871.00 1871.00							
	PERS Select		520.29	1040.58	1352.75		
(Incl. Medical. Dental & Vision)	TEAMSTER Health	Plan CLOSED	1871.00	1871.00	1871.00		
<u></u>							

PLEASE NOTE:

All Premium amounts are monthly and based on 12 checks, depending on your pay cycle, premiums may be inflated to cover summer months

Fringe:

CSEA\$5755.68 for 12 month employeesTeamster/Trades\$5755.68 for 12 month employees

* Fringe amount will be prorated for unit members who work less than 12 months