CALPERS 2020 HEALTH PREMIUMS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL PLAN** | **Employee Only** | | | **Employee and**  **One Dependent** | | | **Employee and 2+**  **Dependents** | | |
|  | | Tenthly | Annual | | Tenthly | Annual | | Tenthly | Annual |
| Anthem HMO Select\* | | 743.92 | 7439.16 | | 1487.83 | 14878.32 | | 1934.18 | 19341.84 |
| Anthem HMO Trad.\* | | 1083.16 | 10831.56 | | 2166.31 | 21663.12 | | 2816.21 | 28162.08 |
| Blue Shield Access\* | | 975.80 | 9758.04 | | 1951.61 | 19516.08 | | 2537.09 | 25370.88 |
| Blue Shield Trio\* | | 749.92 | 7499.16 | | 1499.83 | 14998.32 | | 1949.78 | 19497.84 |
| Health Net Salud Y Mas\* | | 470.77 | 4707.72 | | 941.54 | 9415.44 | | 1224.01 | 12240.12 |
| Health Net SmartCare\* | | 778.10 | 7781.04 | | 1556.21 | 15562.08 | | 2023.07 | 20230.68 |
| Kaiser\* | | 797.27 | 7972.68 | | 1594.54 | 15945.36 | | 2072.89 | 20728.92 |
| PERS Choice\* | | 852.35 | 8523.48 | | 1704.70 | 17046.96 | | 2216.10 | 22161.00 |
| PERS Select\* | | 522.89 | 5228.88 | | 1045.78 | 10457.76 | | 1359.50 | 13595.04 |
| PERS Care\* | | 1117.34 | 11173.44 | | 2234.69 | 22346.88 | | 2905.09 | 29050.92 |
| United Healthcare\* | | 801.97 | 8019.72 | | 1603.94 | 16039.44 | | 2085.13 | 20851.32 |

**TCUSD Annual Contribution Amount towards medical, dental, vision and life insurance:**

$9000 for CSEA105 | $9250 for TCEA, CSEA 823, Management

**CalPERS Medical Ins. –** If you live outside of L.A., Riverside or San Bernardino Counties, please contact Personnel forrates.

*\*THE ABOVE MEDICAL RATES DO NOT REFLECT THE 0.27% ADMINISTRATIVE FEE FROM* CALPERS

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| --- | --- | --- |
| **DENTAL** | **Tenthly** | **Annual** |
| Delta Dental Premier (Group No. 07025) – Employee and Family  Dependent children are eligible for coverage through the end of the month they turn **25** | 150.00 | 1500.00 |
| MetLife Dental (D-HMO) (Plan Name SG50) – Employee and Family  Dependent children are eligible for coverage through the end of the month they turn **26** | 50.93 | 509.28 |

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| **VISION** | **Tenthly** | **Annual** |
| Medical Eye Service – Employee Only | 6.00 | 60.00 |
| VSP – Employee Only | 18.44 | 184.44 |
| VSP – 2 or more  Dependent children are eligible for coverage through the end of the month they turn 25 | 41.39 | 413.88 |

**Blue Shield Life Insurance – CPI**

|  |  |  |
| --- | --- | --- |
| **CSEA & Management**  ⦁Employee Only $50,000 (Level Term)  ⦁Employee with Dependents $50,000 (Level  Term) and $5,000 for Dependents  Indicate number of Dependents \_\_\_\_\_\_\_\_ | | |
|  | **Tenthly** | **Annual** |
| Empl. Only | 9.00 | 90.00 |
| Empl. with Dependents | 9.72 | 97.20 |

|  |  |  |
| --- | --- | --- |
| **TCEA**  ⦁Employee Only $10,000 (Level Term)  ⦁Employee with Dependents $10,000 (Level  Term) and $1,000 for Dependents  Indicate number of Dependents \_\_\_\_\_\_\_\_ | | |
|  | **Tenthly** | **Annual** |
| Empl. Only | 1.80 | 18.00 |
| Empl. with Dependents | 2.52 | 25.20 |

Eligible Dependents are spouse, and children up to age 21, or up to 23 if full-time students.**TCUSD**