

2021-22 CERTIFICATED INSURANCE RATES AND CONTRIBUTIONS (Tenthly Rates)

Anthem Blue Cross 80-E PPO 1

Employee Only	Employee cost \$ 675.27	District contribution \$ 374.73	Total cost:	\$1050.00
Employee + 1 Dependent	Employee cost \$1263.80	District contribution \$ 796.60	Total cost:	\$2060.40
Employee + 2 or More Dependents	Employee cost \$1679.49	District contribution \$1220.91	Total cost:	\$2900.40

Anthem Blue Cross 80-G PPO 2

Employee Only	Employee cost \$ 604.95	District contribution \$ 373.05	Total cost:	\$ 978.00
Employee + 1 Dependent	Employee cost \$1124.00	District contribution \$ 792.40	Total cost:	\$1916.40
Employee + 2 or More Dependents	Employee cost \$1479.33	District contribution \$1215.87	Total cost:	\$2695.20

Anthem Blue Cross 80-M PPO 3

Employee Only	Employee cost \$323.43	District contribution \$ 448.17	Total cost:	\$ 771.60
Employee + 1 Dependent	Employee cost \$725.84	District contribution \$ 778.96	Total cost:	\$1504.80
Employee + 2 or More Dependents	Employee cost \$911.49	District contribution \$1195.71	Total cost:	\$2107.20

Kaiser Permanente HMO

Employee Only	Employee cost \$406.59	District contribution \$ 347.01	Total cost:	\$ 753.60
Employee + 1 Dependent	Employee cost \$736.88	District contribution \$ 731.92	Total cost:	\$1468.80
Employee + 2 or More Dependents	Employee cost \$924.21	District contribution \$1146.99	Total cost:	\$2071.20

Anthem Blue Cross HDHP* (HSA)

Employee Only	Employee cost \$ 417.63	District contribution \$ 367.17	Total cost:	\$ 784.80
Employee + 1 Dependent	Employee cost \$ 786.44	District contribution \$ 783.16	Total cost:	\$1569.60
Employee + 2 or More Dependents	Employee cost \$1031.01	District contribution \$1205.79	Total cost:	\$2236.80

Vision Service Plan (VSP)

Employee Only	Employee cost \$ -0-	District contribution \$ 11.04	Total cost:	\$11.04
Employee + 1 Dependent	Employee cost \$ 7.76	District contribution \$ 14.32	Total cost:	\$22.08
Employee + 2 or More Dependents	Employee cost \$ 18.80	District contribution \$ 14.32	Total cost:	\$33.12

Delta Dental Premier PPO

Employee Only	Employee cost \$ 17.12	District contribution \$ 41.68	Total cost:	\$ 58.80
Employee + 1 Dependent	Employee cost \$ 80.96	District contribution \$ 41.68	Total cost:	\$122.64
Employee + 2 or More Dependents	Employee cost \$138.80	District contribution \$ 41.68	Total cost:	\$180.48

*High Deductible Health Plan