

2019 CalPERS Health and Welfare Insurance Rates  
(Based on 2018 Status Quo for 2019 Benefit Year)  
\*Subject to LUSD Governing Board Approval and LTA members ratification

Medical Insurance Plans		SEIU		LTA*	
		Premium	District Contribution	Employee Out-of-Pocket Cost	
<b>HMO Plans</b>					
<b>Kaiser</b>					
Los Angeles, San Bernardino	Single	\$ 742.37	\$ 706.00	36.37	
	Two Party	\$ 1,484.74	\$ 1,181.00	303.74	
	Family	\$ 1,930.15	\$ 1,446.00	484.15	
<b>Kaiser Other So Cal Region</b>					
	Single	\$ 754.36	\$ 706.00	48.36	
	Two Party	\$ 1,508.71	\$ 1,181.00	327.71	
	Family	\$ 1,961.33	\$ 1,446.00	515.33	
<b>Blue Shield Access + San Bernardino LA</b>					
	Single	\$ 803.70	\$ 706.00	97.70	
	Two Party	\$ 1,607.40	\$ 1,181.00	426.40	
	Family	\$ 2,089.62	\$ 1,446.00	643.62	
<b>Blue Shield Access + Other So Cal Region</b>					
	Single	\$ 912.05	\$ 706.00	206.05	
	Two Party	\$ 1,824.10	\$ 1,181.00	643.10	
	Family	\$ 2,371.32	\$ 1,446.00	925.32	
<b>Anthem Traditional San Bernardino LA</b>					
	Single	\$ 1,054.18	\$ 706.00	348.18	
	Two Party	\$ 2,108.35	\$ 1,181.00	927.35	
	Family	\$ 2,740.86	\$ 1,446.00	1,294.86	
<b>Anthem Traditional Other So Cal Region</b>					
	Single	\$ 997.07	\$ 706.00	291.07	
	Two Party	\$ 1,994.14	\$ 1,181.00	813.14	
	Family	\$ 2,592.37	\$ 1,446.00	1,146.37	
<b>Anthem Select San Bernardino LA</b>					
	Single	\$ 752.48	\$ 706.00	46.48	
	Two Party	\$ 1,504.97	\$ 1,181.00	323.97	
	Family	\$ 1,956.46	\$ 1,446.00	510.46	
<b>Anthem Select Other So Cal Region</b>					
	Single	\$ 750.08	\$ 706.00	44.08	
	Two Party	\$ 1,500.17	\$ 1,181.00	319.17	
	Family	\$ 1,950.22	\$ 1,446.00	504.22	
<b>United Healthcare San Bernardino LA</b>					
	Single	\$ 803.53	\$ 706.00	97.53	
	Two Party	\$ 1,607.06	\$ 1,181.00	426.06	
	Family	\$ 2,089.19	\$ 1,446.00	643.19	
<b>United Healthcare Other So Cal Region</b>					
	Single	\$ 775.98	\$ 706.00	69.98	
	Two Party	\$ 1,551.96	\$ 1,181.00	370.96	
	Family	\$ 2,017.55	\$ 1,446.00	571.55	
<b>Health Net Salud y Mas LA San Bernardino</b>					
	Single	\$ 427.80	\$ 427.80	0.00	
	Two Party	\$ 855.60	\$ 855.60	0.00	
	Family	\$ 1,112.28	\$ 1,112.28	0.00	
<b>Health Net Salud y Mas Other So Cal Region</b>					
	Single	\$ 513.37	\$ 513.37	0.00	
	Two Party	\$ 1,026.74	\$ 1,026.74	0.00	

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		Premium	District Contribution	Employee Out-of-Pocket Cost	
<b>HMO Plans</b>					
	Family	\$ 1,334.77	\$ 1,334.77	0.00	
Health Net SmartCare San Bernardino	LA Single	\$ 701.12	\$ 701.12	0.00	
	Two Party	\$ 1,402.25	\$ 1,181.00	221.25	
	Family	\$ 1,822.92	\$ 1,446.00	376.92	
Health Net SmartCare Other So Cal Region	Single	\$ 771.25	\$ 701.12	70.13	
	Two Party	\$ 1,542.50	\$ 1,181.00	361.50	
	Family	\$ 2,005.26	\$ 1,446.00	559.26	
<b>PPO PLANS</b>					
PERS Choice LA San Bernardino	Single	\$ 785.40	\$ 706.00	79.40	
	Two Party	\$ 1,570.80	\$ 1,181.00	389.80	
	Family	\$ 2,042.04	\$ 1,446.00	596.04	
PERS Choice Other So Cal Region	Single	\$ 865.33	\$ 706.00	159.33	
	Two Party	\$ 1,730.66	\$ 1,181.00	549.66	
	Family	\$ 2,249.87	\$ 1,446.00	803.87	
PERS Select San Bernardino	LA Single	\$ 504.92	\$ 504.92	0.00	
	Two Party	\$ 1,009.85	\$ 1,009.85	0.00	
	Family	\$ 1,312.80	\$ 1,312.80	0.00	
PERS Select Other So Cal Region	Single	\$ 555.25	\$ 555.25	0.00	
	Two Party	\$ 1,110.50	\$ 1,110.50	0.00	
	Family	\$ 1,443.66	\$ 1,443.66	0.00	
PERS Care LA San Bernardino	Single	\$ 1,012.54	\$ 706.00	306.54	
	Two Party	\$ 2,025.07	\$ 1,181.00	844.07	
	Family	\$ 2,632.60	\$ 1,446.00	1,186.60	
PERS Care Other So Cal Region	Single	\$ 1,088.75	\$ 706.00	382.75	
	Two Party	\$ 2,177.50	\$ 1,181.00	996.50	
	Family	\$ 2,830.74	\$ 1,446.00	1,384.74	
<b>Dental Plans</b>					
Metlife HMO		\$ 28.93	\$ 28.93	0.00	
Metlife PPO (\$1500 plan)		\$ 154.62	\$ 33.08	121.54	
<b>Vision Plan</b>					
Vision Service Plan Choice B (current plan) \$85 frame every 24 months		\$ 11.32	\$ 11.32	0.00	
Vision Service Plan Choice C (upgraded plan) \$150 frame every 12 months		\$ 18.88	\$ 11.32	7.56	
<b>LIFE INSURANCE PLAN</b>					
Lincoln Financial Life		\$4.33	\$4.33	0.00	