

**SAN LEANDRO UNIFIED SCHOOL DISTRICT**  
**Monthly Premium Rate Sheet 2020**

|  |                  | <u>EMP<br/>ONLY</u> | <u>EMP+<br/>1 DEP</u> | <u>EMP+<br/>2 OR MORE</u> |
|--|------------------|---------------------|-----------------------|---------------------------|
| <b>Dental Plans SLTA Rates Effective 10/1/2019</b>   |                  |                     |                       |                           |
| DELTA DENTAL PPO                                     |                  | 58.80               | 120.90                | 174.30                    |
| Delta Care USA                                       |                  | 19.57               | 32.29                 | 47.76                     |
| <b>Dental Plans MGMT, T/T &amp; CSEA</b>             |                  |                     |                       |                           |
| 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                     |
| <b>Vision Plan Rates Effective 1/1/2020</b>          |                  |                     |                       |                           |
| VSP  |                  | 12.53               | 19.47                 | 30.88                     |
| <b>CalPERS Health Plans Rates Effective 1/1/2020</b> |                  |                     |                       |                           |
| <b>HMO Plans</b>                                     |                  |                     |                       |                           |
| 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                   |
| <b>PPO Plans</b>                                     |                  |                     |                       |                           |
| PERS Choice  |                  | 861.18              | 1722.36               | 2239.07                   |
| PERSCare   |                  | 1133.14             | 2266.28               | 2946.16                   |
| PERS Select  |                  | 520.29              | 1040.58               | 1352.75                   |
| <b>TEAMSTER Health Plan</b>                          | <b>CLOSED</b>    | <b>1871.00</b>      | <b>1871.00</b>        | <b>1871.00</b>            |
| (Incl. Medical, Dental & Vision)                     |                  |                     |                       |                           |

**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 employees

Teamster/Trades \$5755.68 for 12 month employees

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