

SAN LEANDRO UNIFIED SCHOOL DISTRICT
Monthly Premium Rate Sheet 2021

		<u>EMP ONLY</u>	<u>EMP+ 1 DEP</u>	<u>EMP+ 2 OR MORE</u>
Dental Plans SLTA Rates Effective 10/1/2020				
DELTA DENTAL PPO		58.80	120.90	174.30
Delta Care USA		19.57	32.29	47.76
Dental Plans MGMT, T/T & CSEA				
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 1/1/2021				
VSP		12.53	19.47	30.88
CalPERS Health Plans Rates Effective 1/1/2021				
HMO Plans				
Kaiser		813.64	1627.28	2115.46
Anthem Select HMO		925.60	1851.20	2406.56
Anthem Traditional HMO		1307.86	2615.72	3400.44
Health Net SmartCare Bay Area		1120.21	2240.42	2912.55
PPO Plans				
PERS Choice		935.84	1871.68	2433.18
PERSCare		1294.69	2589.38	3366.19
PERS Select		566.67	1133.34	1473.34
TEAMSTER Health Plan	CLOSED	1871.00	1871.00	1871.00
(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