

SAN LEANDRO UNIFIED SCHOOL DISTRICT
Monthly Premium Rate Sheet 2022

		<u>EMP ONLY</u>	<u>EMP+ 1 DEP</u>	<u>EMP+ 2 OR MORE</u>
Dental Plans SLTA Rates Effective 10/1/2021				
DELTA DENTAL PPO		58.80	120.90	174.30
Delta Care USA		20.10	32.70	48.10
Dental Plans MGMT, T/T & CSEA Rates Effective 10/1/2021				
Delta Dental PPO	MGMT, T/T & CSEA	70.60	125.40	175.40
Delta Care USA	MGMT, T/T & CSEA	20.10	32.70	48.10
Vision Plan Rates Effective 1/1/2022				
VSP		12.53	19.47	30.88
CalPERS Health Plans Rates Effective 1/1/2022				
HMO Plans				
Kaiser		857.06	1714.12	2228.36
Anthem Select HMO		1015.81	2031.62	2641.11
Anthem Traditional HMO		1304.00	2608.00	3390.40
Health Net SmartCare Bay Area		1153.00	2306.00	2997.80
PPO Plans				
PERS Platinum		1057.01	2114.02	2748.23
PERS Gold		701.23	1402.46	1823.20
TEAMSTER Health Plan	CLOSED	1883.40	1883.40	1883.40
(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