

# **Mt. San Antonio College**

## *Tenthly Health Benefit Rates*

*January 1 - December 31, 2019*

### **MEDICAL PLANS**

	<b><u>1-PARTY</u></b>	<b><u>2-PARTY</u></b>	<b><u>3-PLUS</u></b>
<b>HMOs:</b> ANTHEM HMO SELECT (LA/SB)	\$ 752.49	\$ 1,504.97	\$ 1,956.46
ANTHEM HMO SELECT (OC/RV)	\$ 750.09	\$ 1,500.17	\$ 1,950.22
ANTHEM HMO TRADITIONAL (LA/SB)	\$ 1,054.18	\$ 2,108.36	\$ 2,740.86
ANTHEM HMO TRADITIONAL (OC/RV)	\$ 997.07	\$ 1,994.14	\$ 2,592.38
BLUE SHIELD A+ (LA/SB)	\$ 803.70	\$ 1,607.40	\$ 2,089.62
BLUE SHIELD A+ (OC/RV)	\$ 912.05	\$ 1,824.10	\$ 2,371.32
HEALTH NET SALUD Y MAS (LA/SB)	\$ 427.80	\$ 855.60	\$ 1,112.28
HEALTH NET SALUD Y MAS (OC/RV)	\$ 513.38	\$ 1,026.75	\$ 1,334.78
HEALTH NET SMARTCARE (LA/SB)	\$ 701.13	\$ 1,402.25	\$ 1,822.92
HEALTH NET SMARTCARE (OC/RV)	\$ 771.26	\$ 1,542.51	\$ 2,005.26
KAISER (LA/SB)	\$ 742.37	\$ 1,484.74	\$ 1,930.16
KAISER (OC/RV)	\$ 754.36	\$ 1,508.72	\$ 1,961.33
SHARP (San Diego Only)	\$ 712.40	\$ 1,424.79	\$ 1,852.23
UNITED HEALTHCARE (LA/SB)	\$ 803.54	\$ 1,607.07	\$ 2,089.19
UNITED HEALTHCARE (OC/RV)	\$ 775.98	\$ 1,551.96	\$ 2,017.55
<b>PPOs:</b> PERSCare (LA)	\$ 1,012.54	\$ 2,025.08	\$ 2,632.60
PERSCare (OC)	\$ 1,088.75	\$ 2,177.50	\$ 2,830.74
PERSChoice (LA)	\$ 785.40	\$ 1,570.80	\$ 2,042.04
PERSChoice (OC)	\$ 865.34	\$ 1,730.67	\$ 2,249.87
PERS Select (LA)	\$ 504.93	\$ 1,009.85	\$ 1,312.80
PERS Select (OC)	\$ 555.26	\$ 1,110.51	\$ 1,443.66

### **DENTAL PLANS**

Delta Dental PPO-\$2500	(employee & all dependents)	\$ 173.80
Delta Dental PPO-\$1000	(employee & all dependents)	\$ 114.41
DeltaCare Prepaid	(employee & all dependents)	\$ 44.56

### **VISION PLAN**

Vision Service Plan (VSP)	(employee & all dependents)	\$ 29.99
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### **LIFE INSURANCE PLAN**

MetLife Insurance	(employee) - \$75,000	\$ 12.00
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*IF YOU HAVE ANY QUESTIONS, PLEASE CALL:*

Norma Vizcarra A-K (909) 274-5872 or Melissa Aguirre L-Z (909) 274-5419

