

Mt. San Antonio College

Tenthly Health Benefit Rates

January 1 - December 31, 2021

<u>MEDICAL PLANS</u>	<u>Single-Party</u>	<u>Two-Party</u>	<u>Family</u>
HMOs: ANTHEM HMO SELECT (LA/SB/RV)	\$ 766.92	\$ 1,533.84	\$ 1,994.00
ANTHEM HMO SELECT (OC/SD)	\$ 809.63	\$ 1,619.26	\$ 2,105.03
ANTHEM HMO TRADITIONAL (LA/SB/RV)	\$ 1,181.06	\$ 2,362.11	\$ 3,070.74
ANTHEM HMO TRADITIONAL (OC/SD)	\$ 1,255.25	\$ 2,510.50	\$ 3,263.64
BLUE SHIELD A+ (LA/SB/RV)	\$ 1,001.86	\$ 2,003.72	\$ 2,604.83
BLUE SHIELD A+ (OC/SD)	\$ 1,126.76	\$ 2,253.51	\$ 2,929.56
BLUE SHIELD TRIO (LA/SB/RV Only)	\$ 792.59	\$ 1,585.18	\$ 2,060.73
HEALTH NET SALUD Y MAS (LA/SB/RV)	\$ 495.46	\$ 990.92	\$ 1,288.19
HEALTH NET SALUD Y MAS (OC/SD)	\$ 550.40	\$ 1,100.79	\$ 1,431.03
HEALTH NET SMARTCARE (LA/SB/RV)	\$ 829.78	\$ 1,659.56	\$ 2,157.42
HEALTH NET SMARTCARE (OC/SD)	\$ 922.94	\$ 1,845.87	\$ 2,399.63
KAISER (LA/SB/RV)	\$ 803.81	\$ 1,607.62	\$ 2,089.90
KAISER (OC/SD)	\$ 803.73	\$ 1,607.45	\$ 2,089.68
SHARP (San Diego Only)	\$ 758.73	\$ 1,517.45	\$ 1,972.68
UNITED HEALTHCARE (LA/SB/RV)	\$ 865.07	\$ 1,730.14	\$ 2,249.18
UNITED HEALTHCARE (OC/SD)	\$ 868.61	\$ 1,737.22	\$ 2,258.38
PPOs: PERS CARE (LA/SB/RV)	\$ 1,243.29	\$ 2,486.57	\$ 3,232.54
PERS CARE (OC/SD)	\$ 1,338.82	\$ 2,677.64	\$ 3,480.93
PERS CHOICE (LA/SB/RV)	\$ 913.48	\$ 1,826.96	\$ 2,375.04
PERS CHOICE (OC/SD)	\$ 939.83	\$ 1,879.66	\$ 2,443.55
PERS SELECT (LA/SB/RV)	\$ 551.93	\$ 1,103.86	\$ 1,435.01
PERS SELECT (OC/SD)	\$ 572.31	\$ 1,144.61	\$ 1,487.99
<u>DENTAL PLANS</u>			
Delta Dental PPO-\$2500	(employee & all dependents)		\$ 165.11
Delta Dental PPO-\$1000	(employee & all dependents)		\$ 108.69
DeltaCare Prepaid	(employee & all dependents)		\$ 44.56
<u>VISION PLAN</u>			
Vision Service Plan (VSP)	(employee & all dependents)		\$ 28.49
<u>LIFE INSURANCE PLAN</u>			
MetLife Insurance	(employee) - \$75,000		\$ 12.00

If you have any questions, please contact Norma Vizcarra at 909.274.5872 or nvizcarra4@mtsac.edu