

2019-2020 Health & Welfare Benefit Rates		Etiwanda SD
District Contribution is \$14,300.00 Annually or \$1,430.00 Tenthly		
Medical Plans	Coverage Level	Tenthly Rate
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	SINGLE	\$ 822.16
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	2-PARTY	\$ 1,644.35
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	FAMILY	\$ 2,137.62
BLUE SHIELD ACCESS+ HMO 20 GOLD	SINGLE	\$ 774.34
BLUE SHIELD ACCESS+ HMO 20 GOLD	2-PARTY	\$ 1,548.70
BLUE SHIELD ACCESS+ HMO 20 GOLD	FAMILY	\$ 2,013.28
BLUE SHIELD ACCESS+ HMO 20 SILVER	SINGLE	\$ 713.69
BLUE SHIELD ACCESS+ HMO 20 SILVER	2-PARTY	\$ 1,427.41
BLUE SHIELD ACCESS+ HMO 20 SILVER	FAMILY	\$ 1,855.60
BLUE SHIELD ACCESS+ HMO 40 BRONZE	SINGLE	\$ 645.18
BLUE SHIELD ACCESS+ HMO 40 BRONZE	2-PARTY	\$ 1,290.37
BLUE SHIELD ACCESS+ HMO 40 BRONZE	FAMILY	\$ 1,677.46
BLUE SHIELD Trio ACO HMO 15 PLATINUM	SINGLE	\$ 698.83
BLUE SHIELD Trio ACO HMO 15 PLATINUM	2-PARTY	\$ 1,397.69
BLUE SHIELD Trio ACO HMO 15 PLATINUM	FAMILY	\$ 1,816.97
BLUE SHIELD Trio ACO HMO 20 GOLD	SINGLE	\$ 658.18
BLUE SHIELD Trio ACO HMO 20 GOLD	2-PARTY	\$ 1,316.39
BLUE SHIELD Trio ACO HMO 20 GOLD	FAMILY	\$ 1,711.27
BLUE SHIELD Trio ACO HMO 20 SILVER	SINGLE	\$ 606.64
BLUE SHIELD Trio ACO HMO 20 SILVER	2-PARTY	\$ 1,213.30
BLUE SHIELD Trio ACO HMO 20 SILVER	FAMILY	\$ 1,577.26
BLUE SHIELD Trio ACO HMO 40 BRONZE	SINGLE	\$ 548.40
BLUE SHIELD Trio ACO HMO 40 BRONZE	2-PARTY	\$ 1,096.82
BLUE SHIELD Trio ACO HMO 40 BRONZE	FAMILY	\$ 1,425.83
BLUE SHIELD PPO GOLD 20	SINGLE	\$ 1,138.61
BLUE SHIELD PPO GOLD 20	2-PARTY	\$ 2,277.25
BLUE SHIELD PPO GOLD 20	FAMILY	\$ 2,960.41
BLUE SHIELD PPO SILVER 30	SINGLE	\$ 1,000.52
BLUE SHIELD PPO SILVER 30	2-PARTY	\$ 2,001.05
BLUE SHIELD PPO SILVER 30	FAMILY	\$ 2,601.36
BLUE SHIELD PPO BRONZE H.S.A.	SINGLE	\$ 929.54
BLUE SHIELD PPO BRONZE H.S.A.	2-PARTY	\$ 1,859.10
BLUE SHIELD PPO BRONZE H.S.A.	FAMILY	\$ 2,416.82

<b>Medical Plans</b>	<b>Coverage Level</b>	<b>Tenthly Rate</b>
KAISER PLATINUM HMO 15	SINGLE	\$ 725.08
KAISER PLATINUM HMO 15	2-PARTY	\$ 1,432.21
KAISER PLATINUM HMO 15	FAMILY	\$ 1,856.50
KAISER GOLD HMO 20	SINGLE	\$ 670.24
KAISER GOLD HMO 20	2-PARTY	\$ 1,322.53
KAISER GOLD HMO 20	FAMILY	\$ 1,713.91
KAISER SILVER HMO 20	SINGLE	\$ 608.20
KAISER SILVER HMO 20	2-PARTY	\$ 1,198.45
KAISER SILVER HMO 20	FAMILY	\$ 1,552.60
KAISER BRONZE HMO 40	SINGLE	\$ 549.04
KAISER BRONZE HMO 40	2-PARTY	\$ 1,080.12
KAISER BRONZE HMO 40	FAMILY	\$ 1,398.78
KAISER BRONZE H.S.A.	SINGLE	\$ 477.85
KAISER BRONZE H.S.A.	2-PARTY	\$ 937.76
KAISER BRONZE H.S.A.	FAMILY	\$ 1,213.70
<b>Dental Plans</b>		
DELTA DENTAL OPT. 1	FAMILY	\$ 149.98
DELTA DENTAL OPT. 2	FAMILY	\$ 142.45
DELTA DENTAL OPT. 3	FAMILY	\$ 121.02
<b>Vision Plans</b>		
MEDICAL EYE SERVICES OPT. 1	FAMILY	\$ 21.32
MEDICAL EYE SERVICES OPT. 2	FAMILY	\$ 13.50
<b>VOYA Group Life</b>	Employee Only	\$ 5.10