

2020-2021 Health & Welfare Benefit Rates		Etiwanda SD
District Contribution is \$16,450.00 Annually or \$1,645.00 Tenthly		
Medical Plans	Coverage Level	Tenthly Rate
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	SINGLE	\$ 858.66
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	2-PARTY	\$ 1,717.36
BLUE SHIELD ACCESS+ HMO 15 PLATINUM	FAMILY	\$ 2,232.53
BLUE SHIELD ACCESS+ HMO 20 GOLD	SINGLE	\$ 808.72
BLUE SHIELD ACCESS+ HMO 20 GOLD	2-PARTY	\$ 1,617.46
BLUE SHIELD ACCESS+ HMO 20 GOLD	FAMILY	\$ 2,102.66
BLUE SHIELD ACCESS+ HMO 20 SILVER	SINGLE	\$ 745.38
BLUE SHIELD ACCESS+ HMO 20 SILVER	2-PARTY	\$ 1,490.78
BLUE SHIELD ACCESS+ HMO 20 SILVER	FAMILY	\$ 1,937.99
BLUE SHIELD ACCESS+ HMO 40 BRONZE	SINGLE	\$ 673.82
BLUE SHIELD ACCESS+ HMO 40 BRONZE	2-PARTY	\$ 1,347.66
BLUE SHIELD ACCESS+ HMO 40 BRONZE	FAMILY	\$ 1,751.94
BLUE SHIELD Trio ACO HMO 15 PLATINUM	SINGLE	\$ 729.86
BLUE SHIELD Trio ACO HMO 15 PLATINUM	2-PARTY	\$ 1,459.74
BLUE SHIELD Trio ACO HMO 15 PLATINUM	FAMILY	\$ 1,897.64
BLUE SHIELD Trio ACO HMO 20 GOLD	SINGLE	\$ 687.40
BLUE SHIELD Trio ACO HMO 20 GOLD	2-PARTY	\$ 1,374.84
BLUE SHIELD Trio ACO HMO 20 GOLD	FAMILY	\$ 1,787.26
BLUE SHIELD Trio ACO HMO 20 SILVER	SINGLE	\$ 633.58
BLUE SHIELD Trio ACO HMO 20 SILVER	2-PARTY	\$ 1,267.16
BLUE SHIELD Trio ACO HMO 20 SILVER	FAMILY	\$ 1,647.29
BLUE SHIELD Trio ACO HMO 40 BRONZE	SINGLE	\$ 572.75
BLUE SHIELD Trio ACO HMO 40 BRONZE	2-PARTY	\$ 1,145.52
BLUE SHIELD Trio ACO HMO 40 BRONZE	FAMILY	\$ 1,489.14
BLUE SHIELD PPO GOLD 20	SINGLE	\$ 1,246.09
BLUE SHIELD PPO GOLD 20	2-PARTY	\$ 2,492.22
BLUE SHIELD PPO GOLD 20	FAMILY	\$ 3,239.88
BLUE SHIELD PPO SILVER 30	SINGLE	\$ 1,094.98
BLUE SHIELD PPO SILVER 30	2-PARTY	\$ 2,189.95
BLUE SHIELD PPO SILVER 30	FAMILY	\$ 2,846.93
BLUE SHIELD PPO BRONZE H.S.A.	SINGLE	\$ 872.20
BLUE SHIELD PPO BRONZE H.S.A.	2-PARTY	\$ 1,744.39
BLUE SHIELD PPO BRONZE H.S.A.	FAMILY	\$ 2,267.70

<b>Medical Plans</b>	<b>Coverage Level</b>	<b>Tenthly Rate</b>
BLUE SHIELD PPO TANDEM GOLD	SINGLE	\$ 1,171.33
BLUE SHIELD PPO TANDEM GOLD	2-PARTY	\$ 2,342.70
BLUE SHIELD PPO TANDEM GOLD	FAMILY	\$ 3,045.48
BLUE SHIELD PPO TANDEM SILVER	SINGLE	\$ 1,029.28
BLUE SHIELD PPO TANDEM SILVER	2-PARTY	\$ 2,058.55
BLUE SHIELD PPO TANDEM SILVER	FAMILY	\$ 2,676.11
BLUE SHIELD PPO TANDEM BRONZE	SINGLE	\$ 819.86
BLUE SHIELD PPO TANDEM BRONZE	2-PARTY	\$ 1,639.74
BLUE SHIELD PPO TANDEM BRONZE	FAMILY	\$ 2,131.64
KAISER PLATINUM HMO 15	SINGLE	\$ 755.72
KAISER PLATINUM HMO 15	2-PARTY	\$ 1,493.35
KAISER PLATINUM HMO 15	FAMILY	\$ 1,935.94
KAISER GOLD HMO 20	SINGLE	\$ 698.53
KAISER GOLD HMO 20	2-PARTY	\$ 1,378.97
KAISER GOLD HMO 20	FAMILY	\$ 1,787.23
KAISER SILVER HMO 20	SINGLE	\$ 633.82
KAISER SILVER HMO 20	2-PARTY	\$ 1,249.54
KAISER SILVER HMO 20	FAMILY	\$ 1,618.97
KAISER BRONZE HMO 40	SINGLE	\$ 572.10
KAISER BRONZE HMO 40	2-PARTY	\$ 1,126.10
KAISER BRONZE HMO 40	FAMILY	\$ 1,458.50
KAISER BRONZE H.S.A.	SINGLE	\$ 497.80
KAISER BRONZE H.S.A.	2-PARTY	\$ 977.50
KAISER BRONZE H.S.A.	FAMILY	\$ 1,265.32
<b>Dental Plans</b>		
DELTA DENTAL OPT. 1	FAMILY	\$ 147.73
DELTA DENTAL OPT. 2	FAMILY	\$ 140.32
DELTA DENTAL OPT. 3	FAMILY	\$ 119.21
<b>Vision Plans</b>		
MEDICAL EYE SERVICES OPT. 1	FAMILY	\$ 23.22
MEDICAL EYE SERVICES OPT. 2	FAMILY	\$ 14.70
<b>VOYA Group Life</b>	Employee Only	\$ 5.10