

Benefits Administration
Los Angeles Unified School District

2020 Rates - AB528

(All rates are without the 2% COBRA administration charge)

Note: These rates are effective January 1, 2020 and will be updated for January 1, 2021

Medical Plans	Under 65		65 and Over			
	Single Coverage	Member + 1	Single Coverage	Member + 1	Single Coverage	Member + 1
			With Medicare A and B		With Medicare B only	
Kaiser	1,311.50	2,623.00	227.52	455.04	540.23	1,080.46
Health Net ¹	1,703.55	3,407.14	362.83	725.66	N/A	N/A
*Anthem HMO Select in CA ²	917.65	1,835.29	N/A	N/A	N/A	N/A
*Anthem EPO E3 in CA ³	890.27	1,780.53	N/A	N/A	N/A	N/A
*Anthem EPO E3 Out of CA - Under 65 ³	890.27	1,780.53	N/A	N/A	N/A	N/A
*Anthem EPO E3 In CA and Out of CA - Over 65 ³	N/A	N/A	641.18	1,282.36	711.47	1,422.96
Dental Plans	Premium same for under and over 65					
	Single Coverage			Member + 1		
United Concordia PPO	56.56			107.91		
Delta Dental HMO	14.70			37.79		
Western Dental HMO	11.82			22.95		
Western Dental Plus Plan HMO	13.57			26.35		
Vision Plans	Premium same for under and over 65					
	Single Coverage			Member + 1		
VSP Select Network	3.72			7.45		
EyeMed Vision Care	4.52			8.56		

¹ In order to enroll in the Health Net Plan, members must have Medicare Parts A and B

² Includes Capitation and estimated claims cost (including hearing aid benefit)

³ Includes estimated claims cost (including hearing aid benefit)

*All Anthem premiums include prescription and mental health benefits costs

NOTE: We are providing tiered COBRA rates as requested by the District and provided by the Carriers