



Ocean View School District Medical Benefits

MANAGEMENT/CONFIDENTIAL RATES - January 1 - December 31 2024

District Contribution determined by the Medical Tier:

1 party	\$1,140
2 party	\$1,715
Family	\$2,145

Medical	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$969.25	\$1,938.50	\$2,520.06
Anthem Blue Cross Traditional HMO	\$1,241.26	\$2,482.51	\$3,227.27
Blue Shield Access+ HMO / EPO	\$1,042.97	\$2,085.94	\$2,711.71
Blue Shield Trio HMO	\$972.29	\$1,944.58	\$2,527.94
Health Net Salud y Más HMO	\$821.72	\$1,643.45	\$2,136.48
Kaiser Permanente HMO	\$1,085.94	\$2,171.88	\$2,823.44
UnitedHealthcare SignatureValue Alli	\$1,005.46	\$2,010.91	\$2,614.19
UnitedHealthcare SignatureValue Ha	\$951.18	\$1,902.36	\$2,473.07
PERS Gold PPO	\$959.33	\$1,918.66	\$2,494.25
PERS Platinum PPO	\$1,381.80	\$2,763.60	\$3,592.68

Delta Dental PPO

Employee Only (Required)	\$71.82
Employee + One Dependent	\$140.08
Employee + Family	\$211.92

Delta Care HMO

Employee + Family	\$60.52
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Vision Service Plan (VSP)

Employee Only (Required)	\$19.92
Employee + One Dependent	\$28.89
Employee + Family	\$51.76

Voya/Reliastar Life \$10,000 (Required)	\$2.62
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