

Mt. San Antonio College

Tenthly Health Benefit Rates

January 1 - December 31, 2022

MEDICAL PLANS

	<u>Single-Party</u>	<u>Two-Party</u>	<u>Family</u>
HMOs: ANTHEM HMO SELECT (LA/SB/RV)	\$ 811.78	\$ 1,623.56	\$ 2,110.62
ANTHEM HMO SELECT (OC/SD)	\$ 854.92	\$ 1,709.84	\$ 2,222.79
ANTHEM HMO TRADITIONAL (LA/SB/RV)	\$ 1,122.69	\$ 2,245.37	\$ 2,918.98
ANTHEM HMO TRADITIONAL (OC/SD)	\$ 1,208.56	\$ 2,417.12	\$ 3,142.25
BLUE SHIELD A+ (LA/SB/RV)	\$ 935.85	\$ 1,871.69	\$ 2,433.20
BLUE SHIELD A+ (OC/SD)	\$ 1,080.27	\$ 2,160.53	\$ 2,808.69
BLUE SHIELD TRIO (LA/SB/RV)	\$ 801.76	\$ 1,603.52	\$ 2,084.57
BLUE SHIELD TRIO (OC/SD)	\$ 891.24	\$ 1,782.48	\$ 2,317.23
HEALTH NET SALUD Y MAS (LA/SB/RV)	\$ 556.65	\$ 1,113.29	\$ 1,447.28
HEALTH NET SALUD Y MAS (OC/SD)	\$ 657.92	\$ 1,315.83	\$ 1,710.58
HEALTH NET SMARTCARE (LA/SB/RV)	\$ 917.96	\$ 1,835.91	\$ 2,386.68
HEALTH NET SMARTCARE (OC/SD)	\$ 1,014.83	\$ 2,029.66	\$ 2,638.56
KAISER (LA/SB/RV)	\$ 863.74	\$ 1,727.48	\$ 2,245.72
KAISER (OC/SD)	\$ 847.23	\$ 1,694.45	\$ 2,202.79
SHARP (San Diego Only)	\$ 839.06	\$ 1,678.11	\$ 2,181.54
UNITED HEALTHCARE ALLIANCE (LA/SB/RV)	\$ 926.22	\$ 1,852.44	\$ 2,408.18
UNITED HEALTHCARE ALLIANCE (OC/SD)	\$ 930.11	\$ 1,860.22	\$ 2,418.29
UNITED HEALTHCARE HARMONY(LA/SB/RV)	\$ 857.14	\$ 1,714.28	\$ 2,228.56
UNITED HEALTHCARE HARMONY (OC/SD)	\$ 939.29	\$ 1,878.58	\$ 2,442.15
PPOs:			
PERS GOLD (LA/SB/RV) Previous PERS Select	\$ 690.68	\$ 1,381.35	\$ 1,795.75
PERS GOLD (OC/SD) Previous PERS Select	\$ 705.34	\$ 1,410.68	\$ 1,833.88
PERS PLATINUM (LA/SB/RV) Previous PERS Care/PERS Choice	\$ 1,036.05	\$ 2,072.09	\$ 2,693.72
PERS PLATINUM (OC/SD) Previous PERS Care/PERS Choice	\$ 1,058.62	\$ 2,117.24	\$ 2,752.41

DENTAL PLANS

Delta Dental PPO-\$2500	(employee & all dependents)	\$ 165.11
Delta Dental PPO-\$1000	(employee & all dependents)	\$ 108.69
DeltaCare Prepaid	(employee & all dependents)	\$ 45.45

VISION PLAN

Vision Service Plan (VSP)	(employee & all dependents)	\$ 28.49
---------------------------	-----------------------------	----------

LIFE INSURANCE PLAN

MetLife Insurance	(employee) - \$75,000	\$ 12.00
-------------------	-----------------------	----------

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

