



ST. HELENA UNIFIED SCHOOL DISTRICT
 Open Enrollment Health Benefit Rates
 January 1, 2022

12-month Employees
If less than full time, rates are prorated to FTE.

MEDICAL:

<u><i>Kaiser Permanente</i></u>			<u><i>Anthem HMO Traditional</i></u>		
	<u><i>District</i></u>	<u><i>Employee</i></u>		<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 857.06	\$ 0.00	Single	\$ 857.06	\$ 446.94
Two-party	\$ 1,714.12	\$ 0.00	Two-party	\$ 1,714.12	\$ 893.88
Family	\$ 2,228.36	\$ 0.00	Family	\$ 2,228.36	\$ 1,162.04
<u><i>HealthNet SmartCare</i></u>			<u><i>Western Health Advantage</i></u>		
	<u><i>District</i></u>	<u><i>Employee</i></u>		<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 857.06	\$ 295.94	Single	\$ 741.26	\$ 0.00
Two-party	\$ 1,714.12	\$ 591.88	Two-party	\$ 1,482.52	\$ 0.00
Family	\$ 2,228.36	\$ 769.44	Family	\$ 1,927.28	\$ 0.00
<u><i>PERS Gold (Select)</i></u>			<u><i>PERS Platinum (Choice/Care)</i></u>		
	<u><i>District</i></u>	<u><i>Employee</i></u>		<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 701.23	\$ 0.00	Single	\$ 857.06	\$ 199.95
Two-party	\$ 1,402.46	\$ 0.00	Two-party	\$ 1,714.12	\$ 399.90
Family	\$ 1,823.20	\$ 0.00	Family	\$ 2,228.36	\$ 519.87

Open Enrollment does **NOT** apply to Dental and/or Vision coverage.
 However,

- If you currently have the Low Option dental plan, you may switch to the High Option plan
- If you currently have the High Option plan, you may switch to the Low Option plan (Note: High Option plan enrollees must remain on that plan for a period of two years.)
- Dependent children up to four years old may be enrolled during open enrollment
- If a dependent is dropped from the plan, they may not re-enroll unless there is a “qualifying event” such as loss of other coverage.

DENTAL:

<u><i>Delta Dental - Low Option</i></u>			<u><i>Delta Dental - High Option with \$2,000 Orthodontia</i></u>		
<u><i>\$2,000/\$2,200</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>	<u><i>\$2,000/\$2,200</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 55.69	\$ 0.00	Single	\$ 64.60	\$ 0.00
Two-Party	\$ 64.60	\$ 54.14	Two-Party	\$ 64.60	\$ 74.08
Family	\$ 64.60	\$ 109.11	Family	\$ 64.60	\$ 137.85

VISION:

<u><i>VSP</i></u>	<u><i>District</i></u>	<u><i>Employee</i></u>
Single	\$ 7.02	\$ 0.00
Two-Party	\$ 7.02	\$ 8.05
Family	\$ 7.02	\$ 14.95