



# PVUSD Benefits Incentive/Rebates

## Effective 10/01/2022



By modifying your current health plan you can increase your total compensation.

### SINGLE

### PLUS 1

### FAMILY

The amounts listed below are gross earnings subject to taxes.

Your monthly income can increase or decrease based on plan selected.

Blue Shield PPO  
No Rebate Offered

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No Rebate Offered

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No Rebate Offered

Blue Shield HMO Access  
**\$576** Annual  
\$48.00 12 months/\$52.36 11 months

Blue Shield HMO Access  
**\$1,233** Annual  
\$102.75 12 months/\$112.09 11 months

Blue Shield HMO Access  
**\$1,836** Annual  
\$153.00 12 months/\$166.91 11 months

Anthem Blue Cross  
**\$702** Annual  
\$58.50 12 months/\$63.82 11 months

Anthem Blue Cross  
**\$1,404** Annual  
\$117.00 12 months/\$127.64 11 months

Anthem Blue Cross  
**\$1,998** Annual  
\$166.50 12 months/\$181.64 11 months

Blue Shield HMO Trio  
**\$1,287** Annual  
\$107.25 12 months/\$117.00 11 months

Blue Shield HMO Trio  
**\$2,655** Annual  
\$221.25 12 months/\$241.36 11 months

Blue Shield HMO Trio  
**\$3,870** Annual  
\$322.50 12 months/\$351.82 11 months

Kaiser  
**\$1,593** Annual  
\$132.75 12 months/\$144.82 11 months

Kaiser  
**\$3,105** Annual  
\$258.75 12 months/\$282.27 11 months

Kaiser  
**\$4,320** Annual  
\$360.00 12 months/\$392.73 11 months

Blue Shield HSA  
**\$2,304** Annual  
\$192.00 12 months/\$209.45 11 months

Blue Shield HSA  
**\$4,212** Annual  
\$351.00 12 months/\$382.91 11 months

Blue Shield HSA  
**\$5,643** Annual  
\$470.25 12 months/\$513.00 11 months

Blue Shield M-Plan  
**\$2,844** Annual  
\$237.00 12 months/\$258.55 11 months

Blue Shield M-Plan  
N/A

Blue Shield M-Plan  
N/A

For Questions please contact the Benefits office at 831.786.2317