

## REGION 1 2022 MATRIX

0.625 0.5937

PAYROLL USE ONLY

## CSEA 5 HOUR EMPLOYEES WITH 2022 CAPS

Rates effective with paychecks 12/31/21 to 11/30/22; Insurance Effective on 1/1/22

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health 1 Cost 6	ER Health Cost
KAISER	НМО			eff 09/30/21						
E20	SELF	1	\$857.06	\$102.26	\$25.00	\$984.32	\$520.81	\$463.51	\$336.25	\$520.81
D20	SELF + 1 DEPENDENT	2	\$1,714.12	\$102.26	\$25.00	\$1,841.38	\$520.81	\$1,320.57	\$1,193.31	\$520.81
F20	SELF + DEPENDENTS	3	\$2,228.36	\$102.26	\$25.00	\$2,355.62	\$520.81	\$1,834.81	\$1,707.55	\$520.81
BLUE SHIELD ACCESS	НМО									
E20	SELF	1	\$1,116.01	\$102.26	\$25.00	\$1,243.27	\$520.81	\$722.46	\$595.20	\$520.81
D20	SELF + 1 DEPENDENT	2	\$2,232.02	\$102.26	\$25.00	\$2,359.28	\$520.81	\$1,838.47	\$1,711.21	\$520.81
F20	SELF + DEPENDENTS	3	\$2,901.63	\$102.26	\$25.00	\$3,028.89	\$520.81	<b>\$2,</b> 508.08	\$2,380.82	\$520.81
<b>BLUE SHIELD TRIO</b>	HMO PLAN									
E20	SELF	1	\$898.54	\$102.26	\$25.00	\$1,025.80	\$520.81	\$504.99	\$377.73	\$520.81
D20	SELF + 1 DEPENDENT	2	\$1,797.08	\$102.26	\$25.00	\$1,924.34	\$520.81	\$1,403.53	\$1,276.27	\$520.81
F20	SELF + DEPENDENTS	3	\$2,336.20	\$102.26	\$25.00	\$2,463.46	\$520.81	\$1,942.65	\$1,815.39	\$520.81
PERS PLATINUM	<b>PPO 90/10</b>									
E20	SELF	1	\$1,057.01	\$102.26	\$25.00	\$1,184.27	\$520.81	\$663.46	\$536.20	\$520.81
D20	SELF + 1 DEPENDENT	2	\$2,114.02	\$102.26	\$25.00	\$2,241.28	\$520.81	\$1,720.47	\$1,593.21	\$520.81
F20	SELF + DEPENDENTS	3	\$2,748.23	\$102.26	\$25.00	\$2,875.49	\$520.81	<b>\$2,354.6</b> 8	\$2,227.42	\$520.81
PERS GOLD PPO	<b>PPO 80/20</b>									
E20	SELF	1	\$701.23	\$102.26	\$25.00	\$828.49	\$517.81	\$310.68	\$183.42	\$517.81
D20	SELF + 1 DEPENDENT	2	\$1,402.46	\$102.26	\$25.00	\$1,529.72	\$520.81	\$1,008.91	\$881.65	\$520.81
F20	SELF + DEPENDENTS	3	\$1,823.20	\$102.26	\$25.00	\$1,950.46	\$520.81	\$1,429.65	\$1,302.39	\$520.81
ANTHEM SELECT HMO	НМО									
E20	SELF	1	\$1,015.81	\$102.26	\$25.00	\$1,143.07	\$520.81	\$622.26	\$495.00	\$520.81
D20	SELF + 1 DEPENDENT	2	\$2,031.62	\$102.26	\$25.00		\$520.81	\$1,638.07	\$1,510.81	\$520.81
F20	SELF + DEPENDENTS	3	\$2,641.11	\$102.26	\$25.00	\$2,768.37	\$520.81	<b>\$2,24</b> 7.56	\$2,120.30	\$520.81
ANTHEM HMO TRADITIONAL	HMO	1	¢1 204 00	¢100.04	<b>¢2</b> 5 00	¢1 424 Q4	¢5 <b>0</b> 0.04	¢040.45	\$702.40	¢=00.04
E20 D20	SELF	1	\$1,304.00	\$102.26 \$102.26	\$25.00 \$25.00	\$1,431.26 \$2,725.20		\$910.45 \$2.214.45	\$783.19 \$2.087.10	\$520.81 \$520.81
F20 F20	SELF + 1 DEPENDENT SELF + DEPENDENTS	2 3	\$2,608.00 \$3,390.40	\$102.26 \$102.26	\$25.00 \$25.00	\$2,735.26 \$3,517.66	\$520.81 \$520.81	\$2,214.45 \$2,996.85	\$2,087.19 \$2,869.59	\$520.81 \$520.81



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**EMPLOYEE BENEFITS DISTRICT** EE Health ER Health **COST PER** MEDICAL PROVIDER PLAN TIERS MEDICAL DENTAL VISION TOTAL CAP Cost MONTH Cost **UNITED HEALTHCARE HMO** HMO E20 SELF 1 \$1,020.28 \$102.26 \$25.00 \$1,147.54 \$520.81 \$626.73 \$499.47 \$520.81 2 D20 SELF + 1 DEPENDENT \$2,040.56 \$102.26 \$25.00 \$2,167.82 \$520.81 \$1,647.01 \$1,519.75 \$520.81 F20 SELF + DEPENDENTS 3 \$2,652.73 \$102.26 \$25.00 \$2,779.99 \$520.81 \$2.259.18 \$2,131.92 \$520.81 **HEALTHNET - SMARTCARE** HMO HMO E20 SELF 1 \$1,153.00 \$102.26 \$25.00 \$1,280.26 \$520.81 \$759.45 \$632.19 \$520.81 2 D20 SELF + 1 DEPENDENT \$2,306.00 \$102.26 \$25.00 \$2,433.26 \$520.81 \$1,912.45 \$1,785.19 \$520.81 3 F20 SELF + DEPENDENTS \$2,997.80 \$102.26 \$25.00 \$3,125.06 \$520.81 \$2,604.25 \$2,476.99 \$520.81 WESTERN ADVANTAGE HMO HEALTH E20 SELF 1 \$741.26 \$102.26 \$25.00 \$868.52 \$520.81 \$347.71 \$220.45 \$520.81 2 D20 SELF + 1 DEPENDENT \$1,482.52 \$102.26 \$25.00 \$1,609.78 \$520.81 \$1,088.97 \$961.71 \$520.81 F20 SELF + DEPENDENTS 3 \$1,927.28 \$102.26 \$25.00 \$2,054.54 \$520.81 \$1,533.73 \$1,406.47 \$520.81

rates are subject to change throughout the year

\* Dental and Vision plans require 100% participation for full -time employees.

# Waiving medical coverage requires completing a HEALTH ENROLLMENT form.

\*\*District contributions are subject to change due to on-going bargaining group negotiations.

for more information go to www.calpers.ca.gov

Basic Premiums Region 1 (plan are by Zip code)

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey,

Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta,

Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba