REGION 1 2023 MATRIX



LPPA 80% EMPLOYEES WITH 2023 CAPS

Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
KAISER	НМО									
E70	SELF	1	\$913.74	\$135.04	\$25.00	\$1,073.78	\$798.72	\$275.06	\$115.02	\$798.72
D70	SELF + 1 DEPENDENT	2	\$1,827.48	\$135.04	\$25.00	\$1,987.52	\$798.72	\$1,188.80	\$1,028.76	\$798.72
F70	SELF + DEPENDENTS	3	\$2,375.72	\$135.04	\$25.00	\$2,535.76	\$798.72	\$1,737.04	\$1,577. 00	\$798.72
BLUE SHIELD ACCESS	НМО									
E70	SELF	1	\$1,035.21	\$135.04	\$25.00	\$1,195.25	\$798.72	\$396.53	\$236.49	\$798.72
D 70	SELF + 1 DEPENDENT	2	\$2,070.42	\$135.04	\$25.00	\$2,230.46	\$798.72	\$1,431.74	\$1,271.70	\$798.72
F70	SELF + DEPENDENTS	3	\$2,691.55	\$135.04	\$25.00	\$2,851.59	\$798.72	\$2,052.87	\$1,892.83	\$798.72
BLUE SHIELD TRIO	HMO PLAN									
E70	SELF	1	\$888.94	\$135.04	\$25.00	\$1,048.98	\$798.72	\$250.26	\$90.22	\$798.72
D 70	SELF + 1 DEPENDENT	2	\$1,777.88	\$135.04	\$25.00	\$1,937.92	\$798.72	\$1,139.20	\$979.16	\$798.72
F70	SELF + DEPENDENTS	3	\$2,311.24	\$135.04	\$25.00	\$2,471.28	\$798.72	\$1,672.56	\$1,512.52	\$798.72
PERS PLATINUM	PPO 90/10									
E70	SELF	1	\$1,200.12	\$135.04	\$25.00	\$1,360.16	\$798.72	\$561.44	\$401.40	\$798.72
D 70	SELF + 1 DEPENDENT	2	\$2,400.24	\$135.04	\$25.00	\$2,560.28	\$798.72	\$1,761.56	\$1,601.52	\$798.72
F70	SELF + DEPENDENTS	3	\$3,120.31	\$135.04	\$25.00	\$3,280.35	\$798.72	\$2,481.63	\$2,321.59	\$798.72
DED. COV.D. DD.	PPO 00 /00									
PERS GOLD PPO	PPO 80/20		*00# 44	**	***	**************************************	#7 00 7 0	*********	***	# 500 50
E70	SELF	1	\$825.61	\$135.04	\$25.00	\$985.65	\$798.72	\$186.93	\$26.89	
D70	SELF + 1 DEPENDENT	2	\$1,651.22	\$135.04	\$25.00	\$1,811.26	\$798.72	\$1,012.54	\$852.50	
F70	SELF + DEPENDENTS	3	\$2,146.59	\$135.04	\$25.00	\$2,306.63	\$798.72	\$1,507.91	\$1,347.87	\$798.72
ANTHEM CELECTIMO	шио									
ANTHEM SELECT HMO	HMO SELF	1	ø1 130 02	\$12E 04	\$25.00	\$1.2 00.07	\$709.72	\$490.15	¢220.11	\$700.7 2
E70 D70	SELF SELF + 1 DEPENDENT	1 2	\$1,128.83 \$2,257.66	\$135.04 \$135.04	\$25.00 \$25.00	\$1,288.87 \$2,417.70	\$798.72 \$798.72	\$490.15 \$1,618.98	\$330.11 \$1,458.94	
F70	SELF + I DEPENDENTS	3	\$2,237.00	\$135.04 \$135.04	\$25.00 \$25.00	\$3,095.00	\$798.72 \$798.72	\$1,618.98	\$1,436.94	
F/0	SELF + DEPENDENTS	3	ΨZ,934.90	\$133.04	\$23.00	\$3,093.00	\$190.12	\$2,290.20	\$2,130.24	\$190.12
ANTHEM HMO TRADITIONAL	НМО									
E70	SELF	1	\$1,210.71	\$135.04	\$25.00	\$1,370.75	\$798.72	\$572.03	\$411.99	\$798.72
D 70	SELF + 1 DEPENDENT	2	\$2,421.42	\$135.04	\$25.00	\$2,581.46	\$798.72	\$1,782.74	\$1,622.70	
F70	SELF + DEPENDENTS	3	\$3,147.85	\$135.04	\$25.00	\$3,307.89	\$798.72	\$2,509.17	\$2,349.13	

\$798.72

\$1,337.76

\$798.72

\$1,177.72



REGION 1 2023 MATRIX

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Logi A Transfer	LPPA 80% EMPLOYEES WITH 2023 CAPS							PAYROLL USE ONLY		
Unified School District	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23							ONLI		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	COOLIDI	EE Health E Cost C	ER Health Cost
UNITED HEALTHCARE HMO	НМО									
E70	SELF	1	\$1,044.07	\$135.04	\$25.00	\$1,204.11	\$798.72	\$405.39	\$245.35	\$798.72
D70	SELF + 1 DEPENDENT	2	\$2,088.14	\$135.04	\$25.00	\$2,248.18	\$798.72	\$1,449.46	\$1,289.42	\$798.72
F70	SELF + DEPENDENTS	3	\$2,714.58	\$135.04	\$25.00	\$2,874.62	\$798.72	\$2,075.90	\$1,915.86	\$798.72
HEALTHNET - SMARTCARE										
НМО	НМО									
E70	SELF	1	\$1,174.50	\$135.04	\$25.00	\$1,334.54	\$798.72	\$535.82	\$375.78	\$798.72
D70	SELF + 1 DEPENDENT	2	\$2,349.00	\$135.04	\$25.00	\$2,509.04	\$798.72	\$1,710.32	\$1,550.28	\$798.72
F70	SELF + DEPENDENTS	3	\$3,053.70	\$135.04	\$25.00	\$3,213.74	\$798.72	\$2,415.02	\$2,254.98	\$798.72
WESTERN ADVANTAGE HEALTH	НМО									
E70	SELF	1	\$760.17	\$135.04	\$25.00	\$920.21	\$798.72	\$121.49	\$0.00	\$760.17
D70	SELF + 1 DEPENDENT	2	\$1,520.34	\$135.04	\$25.00	\$1,680.38	\$798.72	\$881.66	\$721.62	\$798.72

rates are subject to change throughout the year

F70

\$1,976.44

\$135.04

\$25.00

\$2,136.48

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

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SELF + DEPENDENTS

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

^{*} 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.