REGION 1 2022 MATRIX

Lodi A III

LPPA 95% EMPLOYEES WITH 2022 CAPS

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

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health I Cost (ER Health Cost
KAISER	НМО									
E70	SELF	1	\$857.06	\$142.16	\$25.00	\$1,024.22	\$743.54	\$280.68	\$113.52	\$743.54
D70	SELF + 1 DEPENDENT	2	\$1,714.12	\$142.16	\$25.00	\$1,881.28	\$743.54	\$1,137.74	\$970.58	\$743.54
F70	SELF + DEPENDENTS	3	\$2,228.36	\$142.16	\$25.00	\$2,395.52	\$743.54	\$1,651.98	\$1,484.82	\$743.54
BLUE SHIELD ACCESS	НМО									
E70	SELF	1	\$1,116.01	\$142.16	\$25.00	\$1,283.17	\$743.54	\$539.63	\$372.47	\$743.54
D70	SELF + 1 DEPENDENT	2	\$2,232.02	\$142.16	\$25.00	\$2,399.18	\$743.54	\$1,655.64	\$1,488.48	\$743.54
F70	SELF + DEPENDENTS	3	\$2,901.63	\$142.16	\$25.00	\$3,068.79	\$743.54	\$2,325.25	\$2,158.09	\$743.54
BLUE SHIELD TRIO	HMO PLAN									
E70	SELF	1	\$898.54	\$142.16	\$25.00	\$1,065.70	\$743.54	\$322.16	\$155.00	\$743.54
D70	SELF + 1 DEPENDENT	2	\$1,797.08	\$142.16	\$25.00	\$1,964.24	\$743.54	\$1,220.70	\$1,053.54	\$743.54
F70	SELF + DEPENDENTS	3	\$2,336.20	\$142.16	\$25.00	\$2,503.36	\$743.54	\$1,759.82	\$1,592.66	\$743.54
PERS PLATINUM	PPO 90/10								l	
E70	SELF	1	\$1,057.01	\$142.16	\$25.00	\$1,224.17	\$743.54	\$480.63	\$313.47	\$743.54
D70	SELF + 1 DEPENDENT	2	\$2,114.02	\$142.16	\$25.00	\$2,281.18	\$743.54	\$1,537.64	\$1,370.48	\$743.54
F70	SELF + DEPENDENTS	3	\$2,748.23	\$142.16	\$25.00	\$2,915.39	\$743.54	\$2,171.85	\$2,004.69	\$743.54
PERS GOLD PPO	PPO 80/20									
E70	SELF	1	\$701.23	\$142.16	\$25.00	\$868.39	\$743.54	\$124.85	\$0.00	\$743.54
D70	SELF + 1 DEPENDENT	2	\$1,402.46	\$142.16	\$25.00	\$1,569.62	\$743.54	\$826.08	\$658.92	\$743.54
F70	SELF + DEPENDENTS	3	\$1,823.20	\$142.16	\$25.00	\$1,990.36	\$743.54	\$1,246.82	\$1,079.66	\$743.54
ANTHEM SELECT HMO	НМО									
E70	SELF	1	\$1,015.81	\$142.16	\$25.00	\$1,182.97	\$743.54	\$439.43	\$272.27	\$743.54
D70	SELF + 1 DEPENDENT	2	\$2,031.62	\$142.16	\$25.00	\$2,198.78	\$743.54	\$1,455.24	\$1,288.08	\$743.54
F70	SELF + DEPENDENTS	3	\$2,641.11	\$142.16	\$25.00	\$2,808.27	\$743.54	\$2,064.73	\$1,897.57	\$743.54
ANTHEM HMO TRADITIONAL	НМО					A=:	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ			
E70	SELF	1	\$1,304.00	\$142.16	\$25.00	\$1,471.16	\$743.54			\$743.54
D70 F70	SELF + 1 DEPENDENT SELF + DEPENDENTS	2 3	\$2,608.00 \$3,390.40	\$142.16 \$142.16	\$25.00 \$25.00	\$2,775.16 \$3,557.56	\$743.54 \$743.54	\$2,031.62 \$2,814.02	\$1,864.46 \$2,646.86	\$743.54 \$743.54
1 of 2		<u> </u>	#0,070.10	¥1.12.10	Ψ20.00	#5,557.50	¥7 10.01	<u> </u>	¥=,010.00	¥, 10.01

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LPPA 95% EMPLOYEES WITH 2022 CAPS

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

PAYROLL USE ONLY

1/20/01/ PD 01/40/20		HIED 0				BENEFITS			EE Health	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	TOTAL	CAP	MONTH	Cost	Cost
								!		
UNITED HEALTHCARE HMO	HMO									
E70	SELF	1	\$1,020.28	\$142.16	\$25.00	\$1,187.44	\$743.54	\$443.90	\$276.74	\$743.54
D70	SELF + 1 DEPENDENT	2	\$2,040.56	\$142.16	\$25.00	\$2,207.72	\$743.54	\$1,464.18	\$1,297.02	\$743.54
F70	SELF + DEPENDENTS	3	\$2,652.73	\$142.16	\$25.00	\$2,819.89	\$743.54	\$2,076.35	\$1,909.19	\$743.54
HEALTHNET - SMARTCARE										
HMO	НМО									
	_	1	¢1 152 00	\$1.42.1 <i>C</i>	#25 00	\$1.220.1 <i>(</i>	Ф7.42 F.4	#F7 ((2)	\$400.4 <i>C</i>	\$742 F4
E70	SELF	1	\$1,153.00	\$142.16	\$25.00		"	\$576.62	\$409.46	\$743.54
D70	SELF + 1 DEPENDENT	2	\$2,306.00	\$142.16	\$25.00			\$1,729.62	\$1,562.46	\$743.54
F70	SELF + DEPENDENTS	3	\$2,997.80	\$142.16	\$25.00	\$3,164.96	\$743.54	\$2,421.42	\$2,254.26	\$743.54
WESTERN ADVANTAGE										
HEALTH	HMO									
E70	SELF	1	\$741.26	\$142.16	\$25.00	\$908.42	\$743.54	\$164.88	\$0.00	\$743.54
D70	SELF + 1 DEPENDENT	2	\$1,482.52	\$142.16	\$25.00	\$1,649.68	\$743.54	\$906.14	\$738.98	\$743.54
F70	SELF + DEPENDENTS	3	\$1,927.28	\$142.16	\$25.00	\$2,094.44	\$743.54	\$1,350.90	\$1,183.74	\$743.54
rates are subject to change throughout the year										

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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

^{*} 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.