



# REGION 1 2023 MATRIX

## Joe Serna "Non-Certificated" 6 HOUR EMPLOYEES WITH 2023 CAPS

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	Employee Health Cost - No Dental and Vision
<b>KAISER HMO</b> eff 09/30/22									
E20	SELF	1	\$913.74	\$102.26	\$25.00	\$1,041.00	\$505.00	\$536.00	\$408.74
D20	SELF + 1 DEPENDENT	2	\$1,827.48	\$102.26	\$25.00	\$1,954.74	\$505.00	\$1,449.74	\$1,322.48
F20	SELF + DEPENDENTS	3	\$2,375.72	\$102.26	\$25.00	\$2,502.98	\$505.00	\$1,997.98	\$1,870.72
<b>BLUE SHIELD ACCESS HMO</b>									
E20	SELF	1	\$1,035.21	\$102.26	\$25.00	\$1,162.47	\$505.00	\$657.47	\$530.21
D20	SELF + 1 DEPENDENT	2	\$2,070.42	\$102.26	\$25.00	\$2,197.68	\$505.00	\$1,692.68	\$1,565.42
F20	SELF + DEPENDENTS	3	\$2,691.55	\$102.26	\$25.00	\$2,818.81	\$505.00	\$2,313.81	\$2,186.55
<b>BLUE SHIELD TRIO HMO PLAN</b>									
E20	SELF	1	\$888.94	\$102.26	\$25.00	\$1,016.20	\$505.00	\$511.20	\$383.94
D20	SELF + 1 DEPENDENT	2	\$1,777.88	\$102.26	\$25.00	\$1,905.14	\$505.00	\$1,400.14	\$1,272.88
F20	SELF + DEPENDENTS	3	\$2,311.24	\$102.26	\$25.00	\$2,438.50	\$505.00	\$1,933.50	\$1,806.24
<b>PERS PLATINUM PPO 90/10</b>									
E20	SELF	1	\$1,200.12	\$102.26	\$25.00	\$1,327.38	\$505.00	\$822.38	\$695.12
D20	SELF + 1 DEPENDENT	2	\$2,400.24	\$102.26	\$25.00	\$2,527.50	\$505.00	\$2,022.50	\$1,895.24
F20	SELF + DEPENDENTS	3	\$3,120.31	\$102.26	\$25.00	\$3,247.57	\$505.00	\$2,742.57	\$2,615.31
<b>PERS GOLD PPO PPO 80/20</b>									
E20	SELF	1	\$825.61	\$102.26	\$25.00	\$952.87	\$505.00	\$447.87	\$320.61
D20	SELF + 1 DEPENDENT	2	\$1,651.22	\$102.26	\$25.00	\$1,778.48	\$505.00	\$1,273.48	\$1,146.22
F20	SELF + DEPENDENTS	3	\$2,146.59	\$102.26	\$25.00	\$2,273.85	\$505.00	\$1,768.85	\$1,641.59
<b>ANTHEM SELECT HMO HMO</b>									
E20	SELF	1	\$1,128.83	\$102.26	\$25.00	\$1,256.09	\$505.00	\$751.09	\$623.83
D20	SELF + 1 DEPENDENT	2	\$2,257.66	\$102.26	\$25.00	\$2,384.92	\$505.00	\$1,879.92	\$1,752.66
F20	SELF + DEPENDENTS	3	\$2,934.96	\$102.26	\$25.00	\$3,062.22	\$505.00	\$2,557.22	\$2,429.96
<b>ANTHEM HMO TRADITIONAL HMO</b>									
E20	SELF	1	\$1,210.71	\$102.26	\$25.00	\$1,337.97	\$505.00	\$832.97	\$705.71
D20	SELF + 1 DEPENDENT	2	\$2,421.42	\$102.26	\$25.00	\$2,548.68	\$505.00	\$2,043.68	\$1,916.42
F20	SELF + DEPENDENTS	3	\$3,147.85	\$102.26	\$25.00	\$3,275.11	\$505.00	\$2,770.11	\$2,642.85



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UNITED HEALTHCARE HMO									
E20	SELF	1	\$1,044.07	\$102.26	\$25.00	\$1,171.33	\$505.00	\$666.33	\$539.07
D20	SELF + 1 DEPENDENT	2	\$2,088.14	\$102.26	\$25.00	\$2,215.40	\$505.00	\$1,710.40	\$1,583.14
F20	SELF + DEPENDENTS	3	\$2,714.58	\$102.26	\$25.00	\$2,841.84	\$505.00	\$2,336.84	\$2,209.58
HEALTHNET - SMARTCARE HMO									
E20	SELF	1	\$1,174.50	\$102.26	\$25.00	\$1,301.76	\$505.00	\$796.76	\$669.50
D20	SELF + 1 DEPENDENT	2	\$2,349.00	\$102.26	\$25.00	\$2,476.26	\$505.00	\$1,971.26	\$1,844.00
F20	SELF + DEPENDENTS	3	\$3,053.70	\$102.26	\$25.00	\$3,180.96	\$505.00	\$2,675.96	\$2,548.70
WESTERN ADVANTAGE HEALTH HMO									
E20	SELF	1	\$760.17	\$102.26	\$25.00	\$887.43	\$505.00	\$382.43	\$255.17
D20	SELF + 1 DEPENDENT	2	\$1,520.34	\$102.26	\$25.00	\$1,647.60	\$505.00	\$1,142.60	\$1,015.34
F20	SELF + DEPENDENTS	3	\$1,976.44	\$102.26	\$25.00	\$2,103.70	\$505.00	\$1,598.70	\$1,471.44

rates are subject to change throughout the year

# Waiving medical coverage requires completing a HEALTH ENROLLMENT form.

for more information go to [www.calpers.ca.gov](http://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