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LEA 100% EMPLOYEES WITH 2023 CAPS

2023 MATRIX

REGION 1

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

PAYROLL USE ONLY

						BENEFITS			EE Health	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	TOTAL	CAP	MONTH	Cost	Cost
				*MANDATORY	*MANDATORY					
KAISER	HMO									
E60	SELF	1	913.74	\$132.00	\$20.00	\$1,065.74	\$649.46	\$416.28	\$264.28	\$649
D 60	SELF + 1 DEPENDENT	2	1827.48	\$132.00	\$20.00	\$1,979.48	\$1,206.30	\$773.18	\$621.18	\$1,206
F60	SELF + DEPENDENTS	3	2375.72	\$132.00	\$20.00	\$2,527.72	\$1,540.69	\$987.03	\$835.03	\$1,540
BLUE SHIELD ACCESS	НМО									
E60	SELF	1	1035.21	\$132.00	\$20.00	\$1,187.21	\$632.78	\$554.43	\$402.43	\$632
D 60	SELF + 1 DEPENDENT	2	2070.42	\$132.00	\$20.00	\$2,222.42	\$1,184.55	\$1,037.87	\$885.87	\$1,184
F60	SELF + DEPENDENTS	3	2691.55	\$132.00	\$20.00	\$2,843.55	\$1,515.61	\$1,327.94	\$1,175.94	\$1,515
BLUE SHIELD TRIO	HMO PLAN									
E60	SELF	1	888.94	\$132.00	\$20.00	\$1,040.94	\$550.66	\$490.28	\$338.28	\$550
D60	SELF + 1 DEPENDENT	2	1777.88	\$132.00	\$20.00	\$1,929.88	\$1,020.91	\$908.97	\$756.97	
F60	SELF + DEPENDENTS	3	2311.24	\$132.00	\$20.00	\$2,463.24	\$1,303.05	\$1,160.19	\$1,008.19	
PERS PLATINUM	PPO 90/10									
E60	SELF	1	1200.12	\$132.00	\$20.00	\$1,352.12	\$730.14	\$621.98	\$469.98	\$730
D 60	SELF + 1 DEPENDENT	2	2400.24	\$132.00	\$20.00	\$2,552.24	\$1,378.21	\$1,174.03	\$1,022.03	
F60	SELF + DEPENDENTS	3	3120.31	\$132.00	\$20.00	\$3,272.31	\$1,767.05	\$1,505.26	\$1,353.26	\$1,76
PERS GOLD PPO	PPO 80/20									
E60	SELF	1	825.61	\$132.00		\$977.61	\$400.82	\$576.79	\$424.79	\$400
D60	SELF + 1 DEPENDENT	2	1651.22	\$132.00	\$20.00	\$1,803.22		\$1,063.90	\$911.90	"
F60	SELF + DEPENDENTS	3	2146.59	\$132.00	\$20.00	\$2,298.59	\$942.42	\$1,356.17	\$1,204.17	\$94
43 MAY 17 4 6 7 4 7 6 7 7 7 6 7 7 7 6 7 7 7 7 6 7 7 7 7	*****									
ANTHEM SELECT HMO	HMO								_	
E60	SELF	1	1128.83	\$132.00		\$1,280.83	\$525.14	\$755.69	\$603.69	\$52
D60	SELF + 1 DEPENDENT	2	2257.66	\$132.00		\$2,409.66		\$1,421.70	\$1,269.70	"
F60	SELF + DEPENDENTS	3	2934.96	\$132.00	\$20.00	\$3,086.96	\$1,265.65	\$1,821.31	\$1,669.31	\$1,265
NTHEM HMO TRADITIONAL	НМО									
E60	SELF	1	1210.71	\$132.00	\$20.00	\$1,362.71	\$476.95	\$885.76	\$733.76	\$47
D60	SELF + 1 DEPENDENT	2	2421.42	\$132.00 \$132.00	"	\$2,573.42	\$900.70	\$1,672.72	\$1,520.72	"
F60	SELF + DEPENDENTS	3	3147.85	\$132.00	\$20.00	\$3,299.85	\$1,154.95	\$2,144.90	\$1,992.90	"

0.975



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PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP		EE Health I Cost (ER Health Cost
WEDICAL PROVIDER	FLAIN	TIEKS	MEDICAL		*MANDATORY	_	CAP	MONTH	Cost (2081
				WILL (DILLOW)						
UNITED HEALTHCARE HMO	HMO									
E60	SELF	1	1044.07	\$132.00	\$20.00	\$1,196.07	\$454.51	\$741.56	\$589.56	\$454.51
D60	SELF + 1 DEPENDENT	2	2088.14	\$132.00	\$20.00	\$2,240.14	\$851.25	\$1,388.89	\$1,236.89	\$851.25
F60	SELF + DEPENDENTS	3	2714.58	\$132.00	\$20.00	\$2,866.58	\$1,089.30	\$1,777.28	\$1,625.28	\$1,089.30
HEALTHNET - SMARTCARE										
HMO	НМО									
E60	SELF	1	1174.5	\$132.00	\$20.00	\$1,326.50	\$514.68	\$811.82	\$659.82	\$514.68
D60	SELF + 1 DEPENDENT	2	2349	\$132.00	\$20.00	\$2,501.00	\$970.39	\$1,530.61	\$1,378.61	\$970.39
F60	SELF + DEPENDENTS	3	3053.7	\$132.00	\$20.00	\$3,205.70	\$1,243.81	\$1,961.89	\$1,809.89	\$1,243.81
WESTERNI ARVANTELAGE										
WESTERN ADVANTAGE	*****									
HEALTH	HMO	1								
E60	SELF	1	760.17	\$132.00	\$20.00	\$912.17	\$392.23	\$519.94	\$367.94	\$392.23
D 60	SELF + 1 DEPENDENT	2	1520.34	\$132.00	\$20.00	\$1,672.34	\$719.11	\$953.23	\$801.23	\$719.11
F60	SELF + DEPENDENTS	3	1976.44	\$132.00	\$20.00	\$2,128.44	\$915.23	\$1,213.21	\$1,061.21	\$915.23

rates are subject to change throughout the year

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.