



REGION 1  
2022 MATRIX

0.6

**LPPA 60% 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<br>TOTAL | DISTRICT<br>CAP | EMPLOYEE<br>COST PER<br>MONTH | EE Health<br>Cost | ER Health<br>Cost |
|-----------------------------------|--------------------|-------|------------|----------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| <b>KAISER HMO</b>                 |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$857.06   | \$142.16 | \$25.00 | \$1,024.22        | \$469.60        | \$554.62                      | \$387.46          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$1,714.12 | \$142.16 | \$25.00 | \$1,881.28        | \$469.60        | \$1,411.68                    | \$1,244.52        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$2,228.36 | \$142.16 | \$25.00 | \$2,395.52        | \$469.60        | \$1,925.92                    | \$1,758.76        | \$469.60          |
| <b>BLUE SHIELD ACCESS HMO</b>     |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$1,116.01 | \$142.16 | \$25.00 | \$1,283.17        | \$469.60        | \$813.57                      | \$646.41          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$2,232.02 | \$142.16 | \$25.00 | \$2,399.18        | \$469.60        | \$1,929.58                    | \$1,762.42        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$2,901.63 | \$142.16 | \$25.00 | \$3,068.79        | \$469.60        | \$2,599.19                    | \$2,432.03        | \$469.60          |
| <b>BLUE SHIELD TRIO HMO PLAN</b>  |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$898.54   | \$142.16 | \$25.00 | \$1,065.70        | \$469.60        | \$596.10                      | \$428.94          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$1,797.08 | \$142.16 | \$25.00 | \$1,964.24        | \$469.60        | \$1,494.64                    | \$1,327.48        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$2,336.20 | \$142.16 | \$25.00 | \$2,503.36        | \$469.60        | \$2,033.76                    | \$1,866.60        | \$469.60          |
| <b>PERS PLATINUM PPO 90/10</b>    |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$1,057.01 | \$142.16 | \$25.00 | \$1,224.17        | \$469.60        | \$754.57                      | \$587.41          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$2,114.02 | \$142.16 | \$25.00 | \$2,281.18        | \$469.60        | \$1,811.58                    | \$1,644.42        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$2,748.23 | \$142.16 | \$25.00 | \$2,915.39        | \$469.60        | \$2,445.79                    | \$2,278.63        | \$469.60          |
| <b>PERS GOLD PPO PPO 80/20</b>    |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$701.23   | \$142.16 | \$25.00 | \$868.39          | \$469.60        | \$398.79                      | \$231.63          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$1,402.46 | \$142.16 | \$25.00 | \$1,569.62        | \$469.60        | \$1,100.02                    | \$932.86          | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$1,823.20 | \$142.16 | \$25.00 | \$1,990.36        | \$469.60        | \$1,520.76                    | \$1,353.60        | \$469.60          |
| <b>ANTHEM SELECT HMO HMO</b>      |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$1,015.81 | \$142.16 | \$25.00 | \$1,182.97        | \$469.60        | \$713.37                      | \$546.21          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$2,031.62 | \$142.16 | \$25.00 | \$2,198.78        | \$469.60        | \$1,729.18                    | \$1,562.02        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$2,641.11 | \$142.16 | \$25.00 | \$2,808.27        | \$469.60        | \$2,338.67                    | \$2,171.51        | \$469.60          |
| <b>ANTHEM HMO TRADITIONAL HMO</b> |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                               | SELF               | 1     | \$1,304.00 | \$142.16 | \$25.00 | \$1,471.16        | \$469.60        | \$1,001.56                    | \$834.40          | \$469.60          |
| D70                               | SELF + 1 DEPENDENT | 2     | \$2,608.00 | \$142.16 | \$25.00 | \$2,775.16        | \$469.60        | \$2,305.56                    | \$2,138.40        | \$469.60          |
| F70                               | SELF + DEPENDENTS  | 3     | \$3,390.40 | \$142.16 | \$25.00 | \$3,557.56        | \$469.60        | \$3,087.96                    | \$2,920.80        | \$469.60          |



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|----------------------------------|---------------------------|-------|------------|----------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| <b>UNITED HEALTHCARE HMO</b>     |                           |       |            |          |         |                   |                 |                               |                   |                   |
| <b>E70</b>                       | <b>SELF</b>               | 1     | \$1,020.28 | \$142.16 | \$25.00 | \$1,187.44        | \$469.60        | \$717.84                      | \$550.68          | \$469.60          |
| <b>D70</b>                       | <b>SELF + 1 DEPENDENT</b> | 2     | \$2,040.56 | \$142.16 | \$25.00 | \$2,207.72        | \$469.60        | \$1,738.12                    | \$1,570.96        | \$469.60          |
| <b>F70</b>                       | <b>SELF + DEPENDENTS</b>  | 3     | \$2,652.73 | \$142.16 | \$25.00 | \$2,819.89        | \$469.60        | \$2,350.29                    | \$2,183.13        | \$469.60          |
| <b>HEALTHNET - SMARTCARE HMO</b> |                           |       |            |          |         |                   |                 |                               |                   |                   |
| <b>E70</b>                       | <b>SELF</b>               | 1     | \$1,153.00 | \$142.16 | \$25.00 | \$1,320.16        | \$469.60        | \$850.56                      | \$683.40          | \$469.60          |
| <b>D70</b>                       | <b>SELF + 1 DEPENDENT</b> | 2     | \$2,306.00 | \$142.16 | \$25.00 | \$2,473.16        | \$469.60        | \$2,003.56                    | \$1,836.40        | \$469.60          |
| <b>F70</b>                       | <b>SELF + DEPENDENTS</b>  | 3     | \$2,997.80 | \$142.16 | \$25.00 | \$3,164.96        | \$469.60        | \$2,695.36                    | \$2,528.20        | \$469.60          |
| <b>WESTERN ADVANTAGE HEALTH</b>  |                           |       |            |          |         |                   |                 |                               |                   |                   |
| <b>E70</b>                       | <b>SELF</b>               | 1     | \$741.26   | \$142.16 | \$25.00 | \$908.42          | \$469.60        | \$438.82                      | \$271.66          | \$469.60          |
| <b>D70</b>                       | <b>SELF + 1 DEPENDENT</b> | 2     | \$1,482.52 | \$142.16 | \$25.00 | \$1,649.68        | \$469.60        | \$1,180.08                    | \$1,012.92        | \$469.60          |
| <b>F70</b>                       | <b>SELF + DEPENDENTS</b>  | 3     | \$1,927.28 | \$142.16 | \$25.00 | \$2,094.44        | \$469.60        | \$1,624.84                    | \$1,457.68        | \$469.60          |

*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](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