



REGION 1  
2023 MATRIX

1

BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
<b>KAISER HMO</b>								
E50	SELF	1	\$913.74	\$132.00	\$25.00	\$1,070.74	-	\$1,070.74
D50	SELF + 1 DEPENDENT	2	\$1,827.48	\$132.00	\$25.00	\$1,984.48	-	\$1,984.48
F50	SELF + DEPENDENTS	3	\$2,375.72	\$132.00	\$25.00	\$2,532.72	-	\$2,532.72
<b>BLUE SHIELD ACCESS HMO</b>								
E50	SELF	1	\$1,035.21	\$132.00	\$25.00	\$1,192.21	-	\$1,192.21
D50	SELF + 1 DEPENDENT	2	\$2,070.42	\$132.00	\$25.00	\$2,227.42	-	\$2,227.42
F50	SELF + DEPENDENTS	3	\$2,691.55	\$132.00	\$25.00	\$2,848.55	-	\$2,848.55
<b>BLUE SHIELD TRIO HMO PLAN</b>								
E50	SELF	1	\$888.94	\$132.00	\$25.00	\$1,045.94	-	\$1,045.94
D50	SELF + 1 DEPENDENT	2	\$1,777.88	\$132.00	\$25.00	\$1,934.88	-	\$1,934.88
F50	SELF + DEPENDENTS	3	\$2,311.24	\$132.00	\$25.00	\$2,468.24	-	\$2,468.24
<b>PERS PLATINUM PPO 90/10</b>								
E50	SELF	1	\$1,200.12	\$132.00	\$25.00	\$1,357.12	-	\$1,357.12
D50	SELF + 1 DEPENDENT	2	\$2,400.24	\$132.00	\$25.00	\$2,557.24	-	\$2,557.24
F50	SELF + DEPENDENTS	3	\$3,120.31	\$132.00	\$25.00	\$3,277.31	-	\$3,277.31
<b>PERS GOLD PPO PPO 80/20</b>								
E50	SELF	1	\$825.61	\$132.00	\$25.00	\$982.61	-	\$982.61
D50	SELF + 1 DEPENDENT	2	\$1,651.22	\$132.00	\$25.00	\$1,808.22	-	\$1,808.22
F50	SELF + DEPENDENTS	3	\$2,146.59	\$132.00	\$25.00	\$2,303.59	-	\$2,303.59
<b>ANTHEM SELECT HMO HMO</b>								
E50	SELF	1	\$1,128.83	\$132.00	\$25.00	\$1,285.83	-	\$1,285.83
D50	SELF + 1 DEPENDENT	2	\$2,257.66	\$132.00	\$25.00	\$2,414.66	-	\$2,414.66
F50	SELF + DEPENDENTS	3	\$2,934.96	\$132.00	\$25.00	\$3,091.96	-	\$3,091.96
<b>ANTHEM HMO TRADITIONAL HMO</b>								
E50	SELF	1	\$1,210.71	\$132.00	\$25.00	\$1,367.71	-	\$1,367.71
D50	SELF + 1 DEPENDENT	2	\$2,421.42	\$132.00	\$25.00	\$2,578.42	-	\$2,578.42
F50	SELF + DEPENDENTS	3	\$3,147.85	\$132.00	\$25.00	\$3,304.85	-	\$3,304.85



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<b>UNITED HEALTHCARE HMO</b>								
	<b>HMO</b>							
E50	SELF	1	\$1,044.07	\$132.00	\$25.00	\$1,201.07	-	\$1,201.07
D50	SELF + 1 DEPENDENT	2	\$2,088.14	\$132.00	\$25.00	\$2,245.14	-	\$2,245.14
F50	SELF + DEPENDENTS	3	\$2,714.58	\$132.00	\$25.00	\$2,871.58	-	\$2,871.58
<b>HEALTHNET - SMARTCARE HMO</b>								
	<b>HMO</b>							
E50	SELF	1	\$1,174.50	\$132.00	\$25.00	\$1,331.50	-	\$1,331.50
D50	SELF + 1 DEPENDENT	2	\$2,349.00	\$132.00	\$25.00	\$2,506.00	-	\$2,506.00
F50	SELF + DEPENDENTS	3	\$3,053.70	\$132.00	\$25.00	\$3,210.70	-	\$3,210.70
<b>WESTERN ADVANTAGE HEALTH</b>								
	<b>HMO</b>							
E50	SELF	1	\$760.17	\$132.00	\$25.00	\$917.17	-	\$917.17
D50	SELF + 1 DEPENDENT	2	\$1,520.34	\$132.00	\$25.00	\$1,677.34	-	\$1,677.34
F50	SELF + DEPENDENTS	3	\$1,976.44	\$132.00	\$25.00	\$2,133.44	-	\$2,133.44

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