

REGION 1 2023 MATRIX

LEA 65% EMPLOYEES WITH 2023 CAPS PAYROLL USE ONLY Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 **EMPLOYEE** BENEFITS DISTRICT EE Health ER Health COST PER MEDICAL PROVIDER PLAN TIERS MEDICAL DENTAL VISION TOTAL CAP Cost MONTH Cost KAISER HMO E60 \$643.59 SELF 913.74 \$132.00 \$20.00 \$1.065.74 \$422.15 \$491.59 \$422.15 1 2 1827.48 **D60** \$132.00 \$20.00 \$1,979.48 \$784.10 \$1,195.38 \$1.043.38 \$784.10 SELF + 1 DEPENDENT 3 \$1,374.27 F60 2375.72 \$132.00 \$20.00 \$2,527.72 \$1.001.45 \$1,526.27 \$1,001.45 SELF + DEPENDENTS HMO BLUE SHIELD ACCESS E60 SELF 1035.21 \$132.00 \$20.00 \$411.31 \$775.90 \$623.90 1 \$1.187.21 \$411.31 **D60** 2 2070.42 \$132.00 \$2,222.42 \$769.96 \$1,452.46 \$769.96 SELF + 1 DEPENDENT \$20.00 \$1.300.46 3 F60 SELF + DEPENDENTS 2691.55 \$132.00 \$20.00 \$2,843.55 \$985.15 \$1,858.40 \$1,706.40 \$985.15 **BLUE SHIELD TRIO** HMO PLAN 1 888.94 \$357.93 \$683.01 \$357.93 E60 SELF \$132.00 \$20.00 \$1,040.94 \$531.01 **D60** 2 1777.88 \$1,266.29 SELF + 1 DEPENDENT \$132.00 \$20.00 \$1,929.88 \$663.59 \$1,114.29 \$663.59 F60 3 2311.24 \$846.98 \$132.00 \$20.00 \$2,463.24 \$846.98 \$1.616.26 \$1,464.26 SELF + DEPENDENTS PERS PLATINUM **PPO 90/10** E60 SELF 1200.12 \$132.00 \$20.00 \$1,352.12 \$474.59 \$877.53 \$725.53 \$474.59 1 **D60** 2 2400.24 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,552.24 \$895.84 \$1,656.40 \$1,504.40 \$895.84 3 F60 SELF + DEPENDENTS 3120.31 \$132.00 \$20.00 \$3.272.31 \$1.148.58 \$2,123.73 \$1.971.73 \$1.148.58 PERS GOLD PPO PPO 80/20 E60 SELF 1 825.61 \$132.00 \$20.00 \$977.61 \$260.53 \$717.08 \$565.08 \$260.53 D60 2 1651.22 \$132.00 \$20.00 \$1,803.22 \$480.56 \$1,322.66 \$1,170.66 \$480.56 SELF + 1 DEPENDENT F60 3 2146.59 \$132.00 \$20.00 \$2,298.59 \$612.57 \$1,686.02 \$1,534.02 \$612.57 SELF + DEPENDENTS **ANTHEM SELECT HMO** HMO E60 SELF 1128.83 \$132.00 \$20.00 \$1,280.83 \$341.34 \$939.49 \$787.49 1 \$341.34 2 D60 2257.66 \$642.17 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,409.66 \$642.17 \$1,767.49 \$1,615.49 3 F60 SELF + DEPENDENTS 2934.96 \$132.00 \$20.00 \$3.086.96 \$822.67 \$2,264.29 \$2,112.29 \$822.67 ANTHEM HMO TRADITIONAL HMO SELF 1210.71 E60 1 \$132.00 \$20.00 \$1,362.71 \$310.02 \$1.052.69 \$900.69 \$310.02 2 2421.42 D60 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,573.42 \$585.46 \$1,987.96 \$1,835.96 \$585.46 F60 3 3147.85 SELF + DEPENDENTS \$132.00 \$20.00 \$3,299.85 \$750.72 \$2,549.13 \$2,397.13 \$750.72



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LOCI A BI	<u>LEA</u> 65% EMPLOYEES WITH 2023 CAPS Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23								PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
UNITED HEALTHCARE HMO	НМО									
E60	SELF	1	1044.07	\$132.00	\$20.00	\$1,196.07	\$295.43	\$900.64	\$748.64	\$295.43
D60	SELF + 1 DEPENDENT	2	2088.14	\$132.00	\$20.00	\$2,240.14	\$553.31	\$1,686.83	\$1,534.83	\$553.31
F60	SELF + DEPENDENTS	3	2714.58	\$132.00	\$20.00	\$2,866.58	\$708.05	\$2,158.53	\$2,006.53	\$708.05
HEALTHNET - SMARTCARE HMO E60 D60 F60	HMO SELF SELF + 1 DEPENDENT SELF + DEPENDENTS	1 2 3	1174.5 2349 3053.7	\$132.00 \$132.00 \$132.00	\$20.00 \$20.00 \$20.00	\$1,326.50 \$2,501.00 \$3,205.70	\$334.54 \$630.75 \$808.48	\$991.96 \$1,870.25 \$2,397.22	\$839.96 \$1,718.25 \$2,245.22	\$334.54 \$630.75 \$808.48
WESTERN ADVANTAGE HEALTH	HMO	1	760.17	\$122.00	¢ 2 0.00	£010.17	©254.05	\$657.22	¢505.22	\$ 2 54.05
E60 D60	SELF SELF + 1 DEPENDENT	1	1520.34	\$132.00 \$132.00	\$20.00 \$20.00	\$912.17 \$1.672.34	\$254.95 \$467.42	\$657.22 \$1,204.92		\$254.95 \$467.42
F60	SELF + I DEPENDEN I SELF + DEPENDENTS	2 3	1976.44	\$132.00 \$132.00	\$20.00 \$20.00	\$1,672.34 \$2,128.44	\$407.42 \$594.90	\$1,204.92	" ,	\$407.42 \$594.90
1.00	SELF + DEFENDEN15	5	13/0.77	φ152.00	¥20.00	Ψ <u>2</u> ,1 <u>2</u> 0.44	#37 4 .90	<u>₽1,555.54</u>	¥1,501.54	#37 - .70

0.65

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

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