



REGION 1
2022 MATRIX

1

0.9687

CSEA 8 HOUR 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 TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | EE Health Cost | ER Health Cost |
|-------------------------------|--------------------|-------|------------|--------------|------------|----------------|--------------|-------------------------|----------------|----------------|
| | | | | *MANDATORY | *MANDATORY | | | | | |
| KAISER | HMO | | | eff 09/30/21 | | | | | | |
| E20 | SELF | 1 | \$857.06 | \$102.26 | \$25.00 | \$984.32 | \$833.30 | \$151.02 | \$23.76 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$1,714.12 | \$102.26 | \$25.00 | \$1,841.38 | \$833.30 | \$1,008.08 | \$880.82 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,228.36 | \$102.26 | \$25.00 | \$2,355.62 | \$833.30 | \$1,522.32 | \$1,395.06 | \$833.30 |
| BLUE SHIELD ACCESS | HMO | | | | | | | | | |
| E20 | SELF | 1 | \$1,116.01 | \$102.26 | \$25.00 | \$1,243.27 | \$833.30 | \$409.97 | \$282.71 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,232.02 | \$102.26 | \$25.00 | \$2,359.28 | \$833.30 | \$1,525.98 | \$1,398.72 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,901.63 | \$102.26 | \$25.00 | \$3,028.89 | \$833.30 | \$2,195.59 | \$2,068.33 | \$833.30 |
| BLUE SHIELD TRIO | HMO PLAN | | | | | | | | | |
| E20 | SELF | 1 | \$898.54 | \$102.26 | \$25.00 | \$1,025.80 | \$833.30 | \$192.50 | \$65.24 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$1,797.08 | \$102.26 | \$25.00 | \$1,924.34 | \$833.30 | \$1,091.04 | \$963.78 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,336.20 | \$102.26 | \$25.00 | \$2,463.46 | \$833.30 | \$1,630.16 | \$1,502.90 | \$833.30 |
| PERS PLATINUM | PPO 90/10 | | | | | | | | | |
| E20 | SELF | 1 | \$1,057.01 | \$102.26 | \$25.00 | \$1,184.27 | \$833.30 | \$350.97 | \$223.71 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,114.02 | \$102.26 | \$25.00 | \$2,241.28 | \$833.30 | \$1,407.98 | \$1,280.72 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,748.23 | \$102.26 | \$25.00 | \$2,875.49 | \$833.30 | \$2,042.19 | \$1,914.93 | \$833.30 |
| PERS GOLD PPO | PPO 80/20 | | | | | | | | | |
| E20 | SELF | 1 | \$701.23 | \$102.26 | \$25.00 | \$828.49 | \$828.49 | \$0.00 | \$0.00 | \$828.49 |
| D20 | SELF + 1 DEPENDENT | 2 | \$1,402.46 | \$102.26 | \$25.00 | \$1,529.72 | \$833.30 | \$696.42 | \$569.16 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$1,823.20 | \$102.26 | \$25.00 | \$1,950.46 | \$833.30 | \$1,117.16 | \$989.90 | \$833.30 |
| ANTHEM SELECT HMO | HMO | | | | | | | | | |
| E20 | SELF | 1 | \$1,015.81 | \$102.26 | \$25.00 | \$1,143.07 | \$833.30 | \$309.77 | \$182.51 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,031.62 | \$102.26 | \$25.00 | \$2,158.88 | \$833.30 | \$1,325.58 | \$1,198.32 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,641.11 | \$102.26 | \$25.00 | \$2,768.37 | \$833.30 | \$1,935.07 | \$1,807.81 | \$833.30 |
| ANTHEM HMO TRADITIONAL | HMO | | | | | | | | | |
| E20 | SELF | 1 | \$1,304.00 | \$102.26 | \$25.00 | \$1,431.26 | \$833.30 | \$597.96 | \$470.70 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,608.00 | \$102.26 | \$25.00 | \$2,735.26 | \$833.30 | \$1,901.96 | \$1,774.70 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$3,390.40 | \$102.26 | \$25.00 | \$3,517.66 | \$833.30 | \$2,684.36 | \$2,557.10 | \$833.30 |



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|----------------------------------|---------------------------|-------|------------|----------------------|----------------------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| UNITED HEALTHCARE HMO | | | | | | | | | | |
| E20 | SELF | 1 | \$1,020.28 | \$102.26 | \$25.00 | \$1,147.54 | \$833.30 | \$314.24 | \$186.98 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,040.56 | \$102.26 | \$25.00 | \$2,167.82 | \$833.30 | \$1,334.52 | \$1,207.26 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,652.73 | \$102.26 | \$25.00 | \$2,779.99 | \$833.30 | \$1,946.69 | \$1,819.43 | \$833.30 |
| HEALTHNET - SMARTCARE HMO | | | | | | | | | | |
| E20 | SELF | 1 | \$1,153.00 | \$102.26 | \$25.00 | \$1,280.26 | \$833.30 | \$446.96 | \$319.70 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$2,306.00 | \$102.26 | \$25.00 | \$2,433.26 | \$833.30 | \$1,599.96 | \$1,472.70 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$2,997.80 | \$102.26 | \$25.00 | \$3,125.06 | \$833.30 | \$2,291.76 | \$2,164.50 | \$833.30 |
| WESTERN ADVANTAGE HEALTH | | | | | | | | | | |
| E20 | SELF | 1 | \$741.26 | \$102.26 | \$25.00 | \$868.52 | \$833.30 | \$35.22 | \$0.00 | \$833.30 |
| D20 | SELF + 1 DEPENDENT | 2 | \$1,482.52 | \$102.26 | \$25.00 | \$1,609.78 | \$833.30 | \$776.48 | \$649.22 | \$833.30 |
| F20 | SELF + DEPENDENTS | 3 | \$1,927.28 | \$102.26 | \$25.00 | \$2,054.54 | \$833.30 | \$1,221.24 | \$1,093.98 | \$833.30 |

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