

REGION 1 2022 MATRIX

0.75

PAYROLL USE ONLY

<u>LEA</u> 75% EMPLOYEES WITH 2022 CAPS

Rates effective with paychecks 12/31/21 to 11/30/22; Insurance Effective on 1/1/22

EMPLOYEE BENEFITS DISTRICT EE Health ER Health **COST PER** MEDICAL PROVIDER PLAN TIERS MEDICAL DENTAL VISION TOTAL CAP Cost MONTH Cost **KAISER** HMO E60 SELF \$857.06 \$138.96 \$20.00 \$1,016.02 \$495.31 \$520.71 \$495.31 1 \$361.75 D60 2 \$138.96 \$20.00 \$1,873.08 \$913.13 \$959.95 \$800.99 SELF + 1 DEPENDENT \$1,714.12 \$913.13 F60 SELF + DEPENDENTS 3 \$2,228.36 \$138.96 \$20.00 \$2,387.32 \$1,163.82 \$1,223.50 \$1,064.54 \$1,163.82 нмо **BLUE SHIELD ACCESS** E60 SELF 1 \$1,116.01 \$138.96 \$20.00 \$1,274.97 \$599.55 \$675.42 \$516.46 \$599.55 D60 2 \$2,232.02 \$138.96 \$20.00 \$2,390.98 \$1,120.41 \$1,270.57 \$1,111.61 \$1,120.41 SELF + 1 DEPENDENT 3 F60 SELF + DEPENDENTS \$2,901.63 \$138.96 \$20.00 \$3,060.59 \$1,432.36 \$1,628.23 \$1,469.27 \$1,432.36 HMO PLAN **BLUE SHIELD TRIO** E60 SELF 1 \$898.54 \$479.84 \$577.66 \$418.70 \$479.84 \$138.96 \$20.00 \$1,057.50 **D60** 2 \$1,068.49 SELF + 1 DEPENDENT \$1,797.08 \$138.96 \$20.00 \$1,956.04 \$887.55 \$909.53 \$887.55 F60 SELF + DEPENDENTS 3 \$2,336.20 \$138.96 \$20.00 \$2,495.16 \$1,132.18 \$1,362.98 \$1,204.02 \$1,132.18 PERS PLATINUM PPO 90/10 E60 SELF 1 \$1,057.01 \$138.96 \$20.00 \$1,215.97 \$572.05 \$643.92 \$484.96 \$572.05 2 D60 SELF + 1 DEPENDENT \$2,114.02 \$138.96 \$20.00 \$2,272.98 \$1,069.31 \$1,203.67 \$1,044.71 \$1,069.31 F60 SELF + DEPENDENTS 3 \$2,748.23 \$138.96 \$20.00 \$2,907.19 \$1,367.67 \$1,539.52 \$1,380.56 \$1,367.67 PERS GOLD PPO PPO 80/20 E60 SELF 1 \$701.23 \$138.96 \$20.00 \$860.19 \$288.70 \$571.49 \$412.53 \$288.70 **D60** 2 \$1,402.46 \$138.96 \$20.00 \$1,561.42 \$524.05 \$1,037.37 \$878.41 \$524.05 SELF + 1 DEPENDENT F60 3 \$665.26 SELF + DEPENDENTS \$1,823.20 \$138.96 \$20.00 \$1,982.16 \$665.26 \$1,316.90 \$1,157.94 **ANTHEM SELECT HMO** HMO E60 SELF 1 \$1,015.81 \$138.96 \$20.00 \$1,174.77 \$385.47 \$789.30 \$630.34 \$385.47 **D60** 2 SELF + 1 DEPENDENT \$2.031.62 \$138.96 \$20.00 \$2,190.58 \$718.78 \$1,471.80 \$1,312.84 \$718.78 F60 3 \$20.00 \$1,881.30 SELF + DEPENDENTS \$2,641.11 \$138.96 \$2,800.07 \$918.77 \$1,722.34 \$918.77 ANTHEM HMO TRADITIONAL HMO E60 SELF 1 \$1,304.00 \$138.96 \$20.00 \$1,462.96 \$501.98 \$960.98 \$802.02 \$501.98 **D60** 2 SELF + 1 DEPENDENT \$2,608.00 \$138.96 \$20.00 \$2,766.96 \$949.41 \$1,817.55 \$1,658.59 \$949.41 F60 3 \$138.96 \$1,217.87 SELF + DEPENDENTS \$3,390.40 \$20.00 \$3,549.36 \$2,331.49 \$2,172.53 \$1,217.87 of 2



REGION 1 2022 MATRIX

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EE Health ER Health

\$615.65

\$1,285.85

\$1,687.97

Cost

\$404.63

\$754.71

\$964.76

Cost

LEA 75% EMPLOYEES WITH 2022 CAPS Rates effective with paychecks 12/31/21 to 11/30/22; Insurance Effective on 1/1/22 **EMPLOYEE BENEFITS DISTRICT COST PER** MEDICAL PROVIDER PLAN TIERS MEDICAL DENTAL VISION TOTAL CAP MONTH **UNITED HEALTHCARE HMO** HMO E60 SELF 1 \$1,020.28 \$138.96 \$20.00 \$1,179.24 \$404.63 \$774.61 **D60** 2 \$754.71 SELF + 1 DEPENDENT \$2,040.56 \$138.96 \$20.00 \$2,199.52 \$1,444.81 F60 SELF + DEPENDENTS 3 \$2,652.73 \$138.96 \$20.00 \$2,811.69 \$964.76 \$1,846.93

HEALTHNET - SMARTCARE										
НМО	HMO									
E60	SELF	1	\$1,153.00	\$138.96	\$20.00	\$1,311.96	\$450.17	\$ 861.79	\$702.83	\$450.17
D60	SELF + 1 DEPENDENT	2	\$2,306.00	\$138.96	\$20.00	\$2,464.96	\$845.79	\$1,619.17	\$1,460.21	\$845.79
F60	SELF + DEPENDENTS	3	\$2,997.80	\$138.96	\$20.00	\$3,156.76	\$1,083.16	\$2,073.60	\$1,914.64	\$1,083.16
WESTERN ADVANTAGE										
HEALTH	HMO									
E60	SELF	1	\$741.26	\$138.96	\$20.00	\$900.22	\$364.59	\$535.63	\$376.67	\$364.59
D60	SELF + 1 DEPENDENT	2	\$1,482.52	\$138.96	\$20.00	\$1,641.48	\$664.80	\$ 976.68	\$817.72	\$664.80
F60	SELF + DEPENDENTS	3	\$1,927.28	\$138.96	\$20.00	\$2,086.24	\$844.93	\$1,241.31	\$1,082.35	\$844.93

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