REGION 1 2023 MATRIX

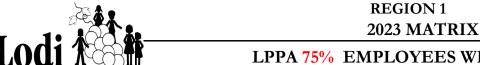


LPPA 75% EMPLOYEES WITH 2023 CAPS

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
KAISER	НМО									
E70	SELF	1	\$913.74	\$135.04	\$25.00	\$1,073.78	\$748.80	\$324.98	\$164.94	\$748.80
D70	SELF + 1 DEPENDENT	2	\$1,827.48	\$135.04	\$25.00	\$1,987.52	\$748.80	\$1,238.72	\$1,078.68	\$748.80
F70	SELF + DEPENDENTS	3	\$2,375.72	\$135.04	\$25.00	\$2,535.76	\$748.80	\$1,786.96	\$1,626.92	\$748.80
BLUE SHIELD ACCESS	НМО									
E70	SELF	1	\$1,035.21	\$135.04	\$25.00	\$1,195.25	\$748.80	\$446.45	\$286.41	\$748.80
D70	SELF + 1 DEPENDENT	2	\$2,070.42	\$135.04	\$25.00	\$2,230.46	\$748.80	\$1,481.66	\$1,321.62	\$748.80
F70	SELF + DEPENDENTS	3	\$2,691.55	\$135.04	\$25.00	\$2,851.59	\$748.80	\$2,102.79	\$1,942.75	\$748.80
BLUE SHIELD TRIO	HMO PLAN									
E70	SELF	1	\$888.94	\$135.04	\$25.00	\$1,048.98	\$748.80	\$300.18	\$140.14	\$748.80
D70	SELF + 1 DEPENDENT	2	\$1,777.88	\$135.04	\$25.00	\$1,937.92	\$748.80	\$1,189.12	\$1,029.08	\$748.80
F70	SELF + DEPENDENTS	3	\$2,311.24	\$135.04	\$25.00	\$2,471.28	\$748.80	\$1,722.48	\$1,562.44	\$748.80
PERS PLATINUM	PPO 90/10									
E70	SELF	1	\$1,200.12	\$135.04	\$25.00	\$1,360.16	\$748.80	\$611.36	\$451.32	\$748.80
D70	SELF + 1 DEPENDENT	2	\$2,400.24	\$135.04	\$25.00	\$2,560.28	\$748.80	\$1,811.48	\$1,651.44	\$748.80
F70	SELF + DEPENDENTS	3	\$3,120.31	\$135.04	\$25.00	\$3,280.35	\$748.80	\$2,531.55	\$2,371.51	\$748.80
PERS GOLD PPO	PPO 80/20									
E70	SELF	1	\$825.61	\$135.04	\$25.00	\$985.65	\$748.80	\$236.85	\$76.81	\$748.80
D70	SELF + 1 DEPENDENT	2	\$1,651.22	\$135.04	\$25.00	\$1,811.26		\$1,062.46	\$902.42	
F70	SELF + DEPENDENTS	3	\$2,146.59	\$135.04	\$25.00	\$2,306.63	\$748.80	\$1,557.83	"	\$748.80
ANTHEM SELECT HMO	НМО									
E70	SELF	1	\$1,128.83	\$135.04	\$25.00	\$1,288.87	\$748.80	\$540.07	\$380.03	\$748.80
D70	SELF + 1 DEPENDENT	2	\$2,257.66	\$135.04	\$25.00	\$2,417.70		\$1,668.90	\$1,508.86	
F70	SELF + DEPENDENTS	3	\$2,934.96	\$135.04	\$25.00	\$3,095.00	\$748.80	\$2,346.20	\$2,186.16	\$748.80
ANTHEM HMO TRADITIONAL	НМО						,			
E70	SELF	1	\$1,210.71	\$135.04	\$25.00	\$1,370.75		\$621.95	"	\$748.80
D70 F70	SELF + 1 DEPENDENT SELF + DEPENDENTS	2 3	\$2,421.42 \$3,147.85	\$135.04 \$135.04	\$25.00 \$25.00	\$2,581.46 \$3,307.89	\$748.80 \$748.80	\$1,832.66 \$2,559.09	\$1,672.62 \$2,399.05	\$748.80 \$748.80
4 - 4 2										



LPPA 75% EMPLOYEES WITH 2023 CAPS PAYROLL USE ONLY Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 Unified School District EMPLOYEE BENEFITS DISTRICT EE Health ER Health COST PER MEDICAL PROVIDER **PLAN TIERS** MEDICAL DENTAL VISION **TOTAL CAP** MONTH Cost Cost UNITED HEALTHCARE HMO **HMO** E70 **SELF** \$1,044.07 \$135.04 \$25.00 \$1,204.11 \$748.80 \$455.31 \$295.27 \$748.80 **D**70 2 \$2,248.18 \$748.80 \$1,499.38 \$748.80 \$2,088.14 \$135.04 \$25.00 \$1,339.34 SELF + 1 DEPENDENT F70 **SELF + DEPENDENTS** 3 \$2,714.58 \$135.04 \$25.00 \$2,874.62 \$748.80 \$2,125.82 \$1,965.78 \$748.80 **HEALTHNET - SMARTCARE HMO HMO** E70 **SELF** \$1,174.50 \$135.04 \$25.00 \$1,334.54 \$748.80 \$585.74 \$425.70 \$748.80 1 2 **D**70 \$2,349.00 \$135.04 \$25.00 \$2,509.04 \$748.80 \$1,760.24 \$1,600.20 \$748.80 SELF + 1 DEPENDENT F70 **SELF + DEPENDENTS** 3 \$3,053.70 \$135.04 \$25.00 \$3,213.74 \$748.80 \$2,464.94 \$2,304.90 \$748.80 WESTERN ADVANTAGE HEALTH HMO E70 **SELF** \$760.17 \$135.04 \$25.00 \$920.21 \$748.80 \$171.41 \$11.37 \$748.80 **D70** 2 \$931.58 SELF + 1 DEPENDENT \$1,520.34 \$135.04 \$25.00 \$1,680.38 \$748.80 \$771.54 \$748.80 F70 SELF + DEPENDENTS 3 \$1,976.44 \$135.04 \$25.00 \$2,136.48 \$748.80 \$1,387.68 \$1,227.64 \$748.80

rates are subject to change throughout the year

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

^{*} 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.