



REGION 1
2023 MATRIX

0.8125

0.7812

CSEA **6.5 HOUR** 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 HMO <small>eff 09/30/22</small>										
E20	SELF	1	\$913.74	\$102.26	\$25.00	\$1,041.00	\$717.00	\$324.00	\$196.74	\$717.00
D20	SELF + 1 DEPENDENT	2	\$1,827.48	\$102.26	\$25.00	\$1,954.74	\$717.00	\$1,237.74	\$1,110.48	\$717.00
F20	SELF + DEPENDENTS	3	\$2,375.72	\$102.26	\$25.00	\$2,502.98	\$717.00	\$1,785.98	\$1,658.72	\$717.00
BLUE SHIELD ACCESS HMO										
E20	SELF	1	\$1,035.21	\$102.26	\$25.00	\$1,162.47	\$717.00	\$445.47	\$318.21	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,070.42	\$102.26	\$25.00	\$2,197.68	\$717.00	\$1,480.68	\$1,353.42	\$717.00
F20	SELF + DEPENDENTS	3	\$2,691.55	\$102.26	\$25.00	\$2,818.81	\$717.00	\$2,101.81	\$1,974.55	\$717.00
BLUE SHIELD TRIO HMO PLAN										
E20	SELF	1	\$888.94	\$102.26	\$25.00	\$1,016.20	\$717.00	\$299.20	\$171.94	\$717.00
D20	SELF + 1 DEPENDENT	2	\$1,777.88	\$102.26	\$25.00	\$1,905.14	\$717.00	\$1,188.14	\$1,060.88	\$717.00
F20	SELF + DEPENDENTS	3	\$2,311.24	\$102.26	\$25.00	\$2,438.50	\$717.00	\$1,721.50	\$1,594.24	\$717.00
PERS PLATINUM PPO 90/10										
E20	SELF	1	\$1,200.12	\$102.26	\$25.00	\$1,327.38	\$717.00	\$610.38	\$483.12	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,400.24	\$102.26	\$25.00	\$2,527.50	\$717.00	\$1,810.50	\$1,683.24	\$717.00
F20	SELF + DEPENDENTS	3	\$3,120.31	\$102.26	\$25.00	\$3,247.57	\$717.00	\$2,530.57	\$2,403.31	\$717.00
PERS GOLD PPO PPO 80/20										
E20	SELF	1	\$825.61	\$102.26	\$25.00	\$952.87	\$717.00	\$235.87	\$108.61	\$717.00
D20	SELF + 1 DEPENDENT	2	\$1,651.22	\$102.26	\$25.00	\$1,778.48	\$717.00	\$1,061.48	\$934.22	\$717.00
F20	SELF + DEPENDENTS	3	\$2,146.59	\$102.26	\$25.00	\$2,273.85	\$717.00	\$1,556.85	\$1,429.59	\$717.00
ANTHEM SELECT HMO HMO										
E20	SELF	1	\$1,128.83	\$102.26	\$25.00	\$1,256.09	\$717.00	\$539.09	\$411.83	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,257.66	\$102.26	\$25.00	\$2,384.92	\$717.00	\$1,667.92	\$1,540.66	\$717.00
F20	SELF + DEPENDENTS	3	\$2,934.96	\$102.26	\$25.00	\$3,062.22	\$717.00	\$2,345.22	\$2,217.96	\$717.00
ANTHEM HMO TRADITIONAL HMO										
E20	SELF	1	\$1,210.71	\$102.26	\$25.00	\$1,337.97	\$717.00	\$620.97	\$493.71	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,421.42	\$102.26	\$25.00	\$2,548.68	\$717.00	\$1,831.68	\$1,704.42	\$717.00
F20	SELF + DEPENDENTS	3	\$3,147.85	\$102.26	\$25.00	\$3,275.11	\$717.00	\$2,558.11	\$2,430.85	\$717.00



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UNITED HEALTHCARE HMO										
	HMO									
E20	SELF	1	\$1,044.07	\$102.26	\$25.00	\$1,171.33	\$717.00	\$454.33	\$327.07	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,088.14	\$102.26	\$25.00	\$2,215.40	\$717.00	\$1,498.40	\$1,371.14	\$717.00
F20	SELF + DEPENDENTS	3	\$2,714.58	\$102.26	\$25.00	\$2,841.84	\$717.00	\$2,124.84	\$1,997.58	\$717.00
HEALTHNET - SMARTCARE HMO										
	HMO									
E20	SELF	1	\$1,174.50	\$102.26	\$25.00	\$1,301.76	\$717.00	\$584.76	\$457.50	\$717.00
D20	SELF + 1 DEPENDENT	2	\$2,349.00	\$102.26	\$25.00	\$2,476.26	\$717.00	\$1,759.26	\$1,632.00	\$717.00
F20	SELF + DEPENDENTS	3	\$3,053.70	\$102.26	\$25.00	\$3,180.96	\$717.00	\$2,463.96	\$2,336.70	\$717.00
WESTERN ADVANTAGE HEALTH										
	HMO									
E20	SELF	1	\$760.17	\$102.26	\$25.00	\$887.43	\$717.00	\$170.43	\$43.17	\$717.00
D20	SELF + 1 DEPENDENT	2	\$1,520.34	\$102.26	\$25.00	\$1,647.60	\$717.00	\$930.60	\$803.34	\$717.00
F20	SELF + DEPENDENTS	3	\$1,976.44	\$102.26	\$25.00	\$2,103.70	\$717.00	\$1,386.70	\$1,259.44	\$717.00

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