

REGION 1 2023 MATRIX

LEA 55% 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 \$708.54 SELF 1 913.74 \$132.00 \$20.00 \$1.065.74 \$357.20 \$556.54 \$357.20 2 1827.48 **D60** \$132.00 \$20.00 \$1,979.48 \$663.47 \$1.316.01 \$1.164.01 \$663.47 SELF + 1 DEPENDENT 3 2375.72 F60 \$132.00 \$20.00 \$2,527.72 \$847.38 \$1,680.34 \$1,528.34 \$847.38 SELF + DEPENDENTS HMO BLUE SHIELD ACCESS E60 SELF 1 1035.21 \$132.00 \$20.00 \$348.03 \$839.18 \$687.18 \$1.187.21 \$348.03 **D60** 2 2070.42 \$132.00 \$20.00 \$2,222.42 \$651.50 \$1,570.92 \$651.50 SELF + 1 DEPENDENT \$1,418.92 3 F60 SELF + DEPENDENTS 2691.55 \$132.00 \$20.00 \$2,843.55 \$833.59 \$2,009.96 \$1,857.96 \$833.59 **BLUE SHIELD TRIO HMO PLAN** 1 888.94 \$302.86 \$738.08 \$302.86 E60 SELF \$132.00 \$20.00 \$1,040.94 \$586.08 D60 2 1777.88 SELF + 1 DEPENDENT \$132.00 \$20.00 \$1,929.88 \$561.50 \$1,368.38 \$1,216.38 \$561.50 F60 3 2311.24 \$716.68 \$132.00 \$20.00 \$2,463.24 \$716.68 \$1,746.56 \$1.594.56 SELF + DEPENDENTS PERS PLATINUM **PPO 90/10** E60 SELF 1 1200.12 \$20.00 \$1,352.12 \$401.58 \$950.54 \$798.54 \$401.58 \$132.00 D60 2 2400.24 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,552.24 \$758.02 \$1,794.22 \$1,642.22 \$758.02 F60 SELF + DEPENDENTS 3 3120.31 \$132.00 \$20.00 \$3,272.31 \$971.88 \$2,300.43 \$2,148.43 \$971.88 PERS GOLD PPO PPO 80/20 E60 SELF 1 825.61 \$132.00 \$20.00 \$977.61 \$220.45 \$757.16 \$605.16 \$220.45 D60 2 1651.22 \$132.00 \$20.00 \$1,803.22 \$406.63 \$1,396.59 \$1,244.59 \$406.63 SELF + 1 DEPENDENT F60 3 2146.59 \$132.00 \$20.00 \$2,298.59 \$1,780.26 \$1,628.26 \$518.33 SELF + DEPENDENTS \$518.33 ANTHEM SELECT HMO HMO E60 SELF 1 1128.83 \$132.00 \$20.00 \$1,280.83 \$288.83 \$992.00 \$840.00 \$288.83 2 D60 2257.66 \$1,866.28 \$543.38 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,409.66 \$543.38 \$1,714.28 F60 SELF + DEPENDENTS 3 2934.96 \$132.00 \$20.00 \$3,086.96 \$696.11 \$2,390.85 \$2,238.85 \$696.11 ANTHEM HMO TRADITIONAL HMO SELF 1210.71 E60 1 \$132.00 \$20.00 \$1,362.71 \$262.32 \$1,100.39 \$948.39 \$262.32 2 2421.42 D60 SELF + 1 DEPENDENT \$132.00 \$20.00 \$2,573.42 \$495.39 \$2,078.03 \$1,926.03 \$495.39 F60 3 3147.85 SELF + DEPENDENTS \$132.00 \$20.00 \$3,299.85 \$635.22 \$2,664.63 \$2,512.63 \$635.22



REGION 1 2023 MATRIX

<u>LEA</u> 55% EMPLOYEES WITH 2023 CAPS Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23							PAYROLL USE ONLY		
PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	UUUI I LI		ER Health Cost
НМО									
SELF	1	1044.07	\$132.00	\$20.00	\$1,196.07	\$249.98	\$946.09	\$794.09	\$249.98
SELF + 1 DEPENDENT	2	2088.14	\$132.00	\$20.00	\$2,240.14	\$468.19	\$1,771.95	\$1,619.95	\$468.19
SELF + DEPENDENTS	3	2714.58	\$132.00	\$20.00	\$2,866.58	\$599.12	\$2,267.46	\$2,115.46	\$599.12
HMO									
SELF	1	1174.5	\$132.00	\$20.00	\$1,326.50	\$283.07	\$1,043.43	\$891.43	\$283.07
SELF + 1 DEPENDENT	2	2349	\$132.00	\$20.00	\$2,501.00	\$533.71	\$1,967.29	\$1,815.29	\$533.71
SELF + DEPENDENTS	3	3053.7	\$132.00	\$20.00	\$3,205.70	\$684.10	\$2,521.6 0	\$2,369.60	\$684.10
НМО									
SELF	1	760.17	\$132.00	\$20.00	\$912.17	\$215.73	\$696.44	\$544.44	\$215.73
SELF + 1 DEPENDENT	2	1520.34	\$132.00	\$20.00	\$1,672.34	\$395.51	\$1,276.83	\$1,124.83	\$395.51
SELF + DEPENDENTS	3	1976.44	\$132.00	\$20.00	\$2,128.44	\$503.38	\$1,625.06	\$1,473.06	\$503.38
	Rates effective w PLAN HMO SELF SELF + 1 DEPENDENT SELF + DEPENDENTS SELF + 1 DEPENDENT SELF + DEPENDENTS HMO SELF SELF + 1 DEPENDENTS	Rates effective with paycheckPLANTIERSPLANTIERSHMO1SELF + 1 DEPENDENT2SELF + DEPENDENTS3HMO1SELF + 1 DEPENDENT2SELF + 1 DEPENDENT3HMO3HMO3HMO1SELF + 1 DEPENDENT3HMO1SELF + 1 DEPENDENT3HMO1SELF + 1 DEPENDENT3HMO1SELF + 1 DEPENDENT3	Rates effective with paychecks 12/31/22 to 11/3 PLAN TIERS MEDICAL HMO 1 1044.07 SELF 1 1044.07 SELF + 1 DEPENDENT 2 2088.14 SELF + DEPENDENTS 3 2714.58 HMO 1 1174.5 SELF + 1 DEPENDENT 2 2349 SELF + 1 DEPENDENT 3 3053.7 HMO 3 3053.7 HMO 5 1 760.17 SELF + 1 DEPENDENT 2 1520.34	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance PLAN TIERS MEDICAL DENTAL HMO SELF 1 1044.07 \$132.00 SELF 1 1044.07 \$132.00 SELF + 1 DEPENDENT 2 2088.14 \$132.00 SELF + DEPENDENTS 3 2714.58 \$132.00 SELF + 1 DEPENDENT 2 2349 \$132.00 SELF + 1 DEPENDENT 3 3053.7 \$132.00 HMO SELF + 1 DEPENDENTS 3 3053.7 \$132.00 HMO SELF + 1 DEPENDENT 2 \$132.00 SELF + 1 DEPENDENT 2 132.00 \$132.00 HMO SELF 1 \$132.00 \$132.00	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/ PLAN TIERS MEDICAL DENTAL VISION HMO SELF 1 1044.07 \$132.00 \$20.00 SELF 1 1044.07 \$132.00 \$20.00 SELF 1 1044.07 \$132.00 \$20.00 SELF 1 1174.58 \$132.00 \$20.00 SELF 1 1174.58 \$132.00 \$20.00 SELF 1 2 2349 \$132.00 \$20.00 SELF 1 1174.5 \$132.00 \$20.00 SELF 1 760.17 \$132.00 \$20.00 SELF 1 760.17 \$132.00 \$20.00 SELF 1 760.17 \$132.00 \$20.00 SELF 1 1520.34 \$132.00 \$20.00 <td>Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS TOTAL HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,240.14 SELF + DEPENDENT 3 2714.58 \$132.00 \$20.00 \$2,266.58 HMO SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$1,326.50 SELF + 1 DEPENDENT 3 3053.7 \$132.00 \$20.00 \$2,501.00 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$3,205.70 HMO SELF + 1 DEPENDENT 2 760.17 \$132.00 \$20.00 \$912.17 SELF 1 1 760.17 \$132.00 \$20.00 \$912.17</td> <td>Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS DISTRICT HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 \$249.98 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,240.14 \$468.19 SELF + DEPENDENTS 3 2714.58 \$132.00 \$20.00 \$2,866.58 \$599.12 HMO SELF 1 1174.5 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENT 2 2349 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENT 3 3053.7 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$1,326.50 \$283.07 HMO SELF 1 1774.5 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$1,217 \$215.73 SELF + 1 DEPENDENT 2</td> <td>Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS DISTRICT CAP COST PER MONTH HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 \$249.98 \$946.09 SELF 1 1044.07 \$132.00 \$20.00 \$2,240.14 \$468.19 \$17.195 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,2866.58 \$559.12 \$2,267.46 HMO SELF + 1 DEPENDENT 1 1174.5 \$132.00 \$20.00 \$1,326.50 \$283.07 \$1,043.43 SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$2,501.00 \$533.71 \$1,043.43 SELF + 1 DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$3,205.70 \$684.10 \$2,521.60 HMO SELF + 1 DEPENDENTS 760.17 \$132.00 \$20.00 \$912.17 \$215.73 \$606.44 SELF + 1 DEPENDENT 2 760.17 \$132.00 \$20.00 \$912.17 \$215.73 \$606.44 \$1,276.83 <td>Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 BENEFITS DISTRICT CONT PLAN TIERS MEDICAL DENTAL VISION BENEFITS DISTRICT EMPLOYEE COST PER MONTH EE Health I Cost I HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 \$249.98 \$946.09 \$794.09 \$1,619.95 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,240.14 \$468.19 \$1,71.95 \$1,619.95 \$2,115.46 HMO SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$2,2501.00 \$283.07 \$1,043.43 \$891.43 \$1,815.29 \$2,267.46 \$2,369.60 HMO SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$1,326.50 \$283.07 \$1,043.43 \$891.43 \$1,815.29 \$2,369.60 HMO SELF + 1 DEPENDENT 3 3053.7 \$132.00 \$20.00 \$3,205.70 \$684.10 \$2,521.60 \$2,369.60 HMO SELF + 1 DEPENDENT 2 760.17 \$132.00 \$20.00 \$912.17 \$215.73</td></td>	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS TOTAL HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,240.14 SELF + DEPENDENT 3 2714.58 \$132.00 \$20.00 \$2,266.58 HMO SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$1,326.50 SELF + 1 DEPENDENT 3 3053.7 \$132.00 \$20.00 \$2,501.00 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$3,205.70 HMO SELF + 1 DEPENDENT 2 760.17 \$132.00 \$20.00 \$912.17 SELF 1 1 760.17 \$132.00 \$20.00 \$912.17	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS DISTRICT HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 \$249.98 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,240.14 \$468.19 SELF + DEPENDENTS 3 2714.58 \$132.00 \$20.00 \$2,866.58 \$599.12 HMO SELF 1 1174.5 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENT 2 2349 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENT 3 3053.7 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$1,326.50 \$283.07 HMO SELF 1 1774.5 \$132.00 \$20.00 \$1,326.50 \$283.07 SELF + DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$1,217 \$215.73 SELF + 1 DEPENDENT 2	Rates effective with paychecks 12/31/22 to 11/30/23; Insurance Effective on 1/1/23 PLAN TIERS MEDICAL DENTAL VISION BENEFITS DISTRICT CAP COST PER MONTH HMO SELF 1 1044.07 \$132.00 \$20.00 \$1,196.07 \$249.98 \$946.09 SELF 1 1044.07 \$132.00 \$20.00 \$2,240.14 \$468.19 \$17.195 SELF + 1 DEPENDENT 2 2088.14 \$132.00 \$20.00 \$2,2866.58 \$559.12 \$2,267.46 HMO SELF + 1 DEPENDENT 1 1174.5 \$132.00 \$20.00 \$1,326.50 \$283.07 \$1,043.43 SELF + 1 DEPENDENT 2 2349 \$132.00 \$20.00 \$2,501.00 \$533.71 \$1,043.43 SELF + 1 DEPENDENTS 3 3053.7 \$132.00 \$20.00 \$3,205.70 \$684.10 \$2,521.60 HMO SELF + 1 DEPENDENTS 760.17 \$132.00 \$20.00 \$912.17 \$215.73 \$606.44 SELF + 1 DEPENDENT 2 760.17 \$132.00 \$20.00 \$912.17 \$215.73 \$606.44 \$1,276.83 <td>Rates effective with paychecks 12/31/22 to 11/30/23; 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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