# Lodi A III

# REGION 1 2022 MATRIX

### **LEA** 60% 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
KAISER	НМО									
E60	SELF	1	\$857.06	\$138.96	\$20.00	\$1,016.02	\$396.25	\$619.77	\$460.81	\$396.25
D60	SELF + 1 DEPENDENT	2	\$1,714.12	\$138.96	\$20.00	\$1,873.08	\$730.50	\$1,142.58	\$983.62	\$730.50
F60	SELF + DEPENDENTS	3	\$2,228.36	\$138.96	\$20.00	\$2,387.32	\$931.05	\$1,456.27	\$1,297.31	\$931.05
BLUE SHIELD ACCESS	НМО									
E60	SELF	1	\$1,116.01	\$138.96	\$20.00	\$1,274.97	\$479.64	\$795.33	\$636.37	\$479.64
D60	SELF + 1 DEPENDENT	2	\$2,232.02	\$138.96	\$20.00	\$2,390.98	\$896.33	\$1,494.65	\$1,335.69	\$896.33
F60	SELF + DEPENDENTS	3	\$2,901.63	\$138.96	\$20.00	\$3,060.59	\$1,145.88	\$1,914.71	\$1,755.75	\$1,145.88
BLUE SHIELD TRIO	HMO PLAN									
E60	SELF	1	\$898.54	\$138.96	\$20.00	\$1,057.50	\$383.87	\$673.63	\$514.67	\$383.87
D60	SELF + 1 DEPENDENT	2	\$1,797.08	\$138.96	\$20.00	\$1,956.04	\$710.04	\$1,246.00	\$1,087.04	\$710.04
F60	SELF + DEPENDENTS	3	\$2,336.20	\$138.96	\$20.00	\$2,495.16	\$905.74	\$1,589.42	\$1,430.46	\$905.74
PERS PLATINUM	PPO 90/10									
E60	SELF	1	\$1,057.01	\$138.96	\$20.00	\$1,215.97	\$457.64	\$758.33	\$599.37	\$457.64
D60	SELF + 1 DEPENDENT	2	\$2,114.02	\$138.96	\$20.00	\$2,272.98	\$855.45	\$1,417.53	\$1,258.57	\$855.45
F60	SELF + DEPENDENTS	3	\$2,748.23	\$138.96	\$20.00	\$2,907.19	\$1,094.14	\$1,813.05	\$1,654.09	\$1,094.14
PERS GOLD PPO	PPO 80/20									
E60	SELF	1	\$701.23	\$138.96	\$20.00	\$860.19	\$230.96	\$629.23	\$470.27	\$230.96
D60	SELF + 1 DEPENDENT	2	\$1,402.46	\$138.96	\$20.00	\$1,561.42	\$419.24	\$1,142.18	\$983.22	\$419.24
F60	SELF + DEPENDENTS	3	\$1,823.20	\$138.96	\$20.00	\$1,982.16	\$532.21	\$1,449.95	\$1,290.99	\$532.21
ANTHEM SELECT HMO	HMO									
E60	SELF	1	\$1,015.81	\$138.96	\$20.00	\$1,174.77	\$308.38	\$866.39	\$707.43	\$308.38
D60	SELF + 1 DEPENDENT	2	\$2,031.62	\$138.96	\$20.00	\$2,190.58	\$575.03	\$1,615.55	\$1,456.59	\$575.03
F60	SELF + DEPENDENTS	3	\$2,641.11	\$138.96	\$20.00	\$2,800.07	\$735.02	\$2,065.05	\$1,906.09	\$735.02
									I	
ANTHEM HMO TRADITIONAL	HMO					_	_			
E60	SELF	1	\$1,304.00	\$138.96	\$20.00	\$1,462.96	\$401.58	\$1,061.38	\$902.42	\$401.58
D60	SELF + 1 DEPENDENT	2	\$2,608.00	\$138.96	\$20.00	\$2,766.96	\$759.53	\$2,007.43	\$1,848.47	\$759.53
F60 1 of 2	SELF + DEPENDENTS	3	\$3,390.40	\$138.96	\$20.00	\$3,549.36	\$974.30	\$2,575.06	\$2,416.10	\$974.30
U  L										



## **REGION 1 2022 MATRIX**

### LEA 60% EMPLOYEES WITH 2022 CAPS PAYROLL USE ONLY 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 UNITED HEALTHCARE HMO **HMO** E60 **SELF** 1 \$1,020.28 \$138.96 \$20.00 \$1,179.24 \$323.70 \$855.54 \$696.58 \$323.70 2 \$2,040.56 \$1,595.75 **D60** SELF + 1 DEPENDENT \$138.96 \$20.00 \$2,199.52 \$603.77 \$1,436.79 \$603.77 F60 SELF + DEPENDENTS 3 \$2,652.73 \$138.96 \$20.00 \$2,811.69 \$771.81 \$2,039.88 \$1,880.92 \$771.81 **HEALTHNET - SMARTCARE HMO HMO** E60 **SELF** 1 \$1,153.00 \$138.96 \$20.00 \$1,311.96 \$360.13 \$951.83 \$792.87 \$360.13 2 **D60** SELF + 1 DEPENDENT \$2,306.00 \$138.96 \$20.00 \$2,464.96 \$676.63 \$1,788.33 \$1,629.37 \$676.63 3 F60 **SELF + DEPENDENTS** \$2,997.80 \$138.96 \$20.00 \$3,156.76 \$866.53 \$2,290.23 \$2,131.27 \$866.53 **WESTERN ADVANTAGE** HEALTH **HMO** E60 SELF 1 \$741.26 \$138.96 \$20.00 \$900.22 \$291.67 \$608.55 \$449.59 \$291.67 **D60** 2 SELF + 1 DEPENDENT \$1,482.52 \$138.96 \$20.00 \$1,641.48 \$531.84 \$1,109.64 \$950.68 \$531.84

rates are subject to change throughout the year

F60

\$1,927.28

\$138.96

\$20.00

\$2,086.24

\$675.94

\$1,410.30

\$1,251.34

\$675.94

for more information go to www.calpers.ca.gov

3

SELF + DEPENDENTS

### 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

<sup>\*</sup> Dental and Vision plans require 100% participation for full -time employees.

<sup>#</sup> Waiving medical coverage requires completing a HEALTH ENROLLMENT form.

<sup>\*\*</sup>District contributions are subject to change due to on-going bargaining group negotiations.