



REGION 1  
2022 MATRIX

0.75

0.7187

CSEA 6 HOUR 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	HMO			eff 09/30/21						
E20	SELF	1	\$857.06	\$102.26	\$25.00	\$984.32	\$624.98	\$359.34	\$232.08	\$624.98
D20	SELF + 1 DEPENDENT	2	\$1,714.12	\$102.26	\$25.00	\$1,841.38	\$624.98	\$1,216.40	\$1,089.14	\$624.98
F20	SELF + DEPENDENTS	3	\$2,228.36	\$102.26	\$25.00	\$2,355.62	\$624.98	\$1,730.64	\$1,603.38	\$624.98
BLUE SHIELD ACCESS	HMO									
E20	SELF	1	\$1,116.01	\$102.26	\$25.00	\$1,243.27	\$624.98	\$618.29	\$491.03	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,232.02	\$102.26	\$25.00	\$2,359.28	\$624.98	\$1,734.30	\$1,607.04	\$624.98
F20	SELF + DEPENDENTS	3	\$2,901.63	\$102.26	\$25.00	\$3,028.89	\$624.98	\$2,403.91	\$2,276.65	\$624.98
BLUE SHIELD TRIO	HMO PLAN									
E20	SELF	1	\$898.54	\$102.26	\$25.00	\$1,025.80	\$624.98	\$400.82	\$273.56	\$624.98
D20	SELF + 1 DEPENDENT	2	\$1,797.08	\$102.26	\$25.00	\$1,924.34	\$624.98	\$1,299.36	\$1,172.10	\$624.98
F20	SELF + DEPENDENTS	3	\$2,336.20	\$102.26	\$25.00	\$2,463.46	\$624.98	\$1,838.48	\$1,711.22	\$624.98
PERS PLATINUM	PPO 90/10									
E20	SELF	1	\$1,057.01	\$102.26	\$25.00	\$1,184.27	\$624.98	\$559.29	\$432.03	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,114.02	\$102.26	\$25.00	\$2,241.28	\$624.98	\$1,616.30	\$1,489.04	\$624.98
F20	SELF + DEPENDENTS	3	\$2,748.23	\$102.26	\$25.00	\$2,875.49	\$624.98	\$2,250.51	\$2,123.25	\$624.98
PERS GOLD PPO	PPO 80/20									
E20	SELF	1	\$701.23	\$102.26	\$25.00	\$828.49	\$621.37	\$207.12	\$79.86	\$621.37
D20	SELF + 1 DEPENDENT	2	\$1,402.46	\$102.26	\$25.00	\$1,529.72	\$624.98	\$904.74	\$777.48	\$624.98
F20	SELF + DEPENDENTS	3	\$1,823.20	\$102.26	\$25.00	\$1,950.46	\$624.98	\$1,325.48	\$1,198.22	\$624.98
ANTHEM SELECT HMO	HMO									
E20	SELF	1	\$1,015.81	\$102.26	\$25.00	\$1,143.07	\$624.98	\$518.09	\$390.83	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,031.62	\$102.26	\$25.00	\$2,158.88	\$624.98	\$1,533.90	\$1,406.64	\$624.98
F20	SELF + DEPENDENTS	3	\$2,641.11	\$102.26	\$25.00	\$2,768.37	\$624.98	\$2,143.39	\$2,016.13	\$624.98
ANTHEM HMO TRADITIONAL	HMO									
E20	SELF	1	\$1,304.00	\$102.26	\$25.00	\$1,431.26	\$624.98	\$806.28	\$679.02	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,608.00	\$102.26	\$25.00	\$2,735.26	\$624.98	\$2,110.28	\$1,983.02	\$624.98
F20	SELF + DEPENDENTS	3	\$3,390.40	\$102.26	\$25.00	\$3,517.66	\$624.98	\$2,892.68	\$2,765.42	\$624.98



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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
<b>UNITED HEALTHCARE HMO</b>										
	<b>HMO</b>									
E20	SELF	1	\$1,020.28	\$102.26	\$25.00	\$1,147.54	\$624.98	\$522.56	\$395.30	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,040.56	\$102.26	\$25.00	\$2,167.82	\$624.98	\$1,542.84	\$1,415.58	\$624.98
F20	SELF + DEPENDENTS	3	\$2,652.73	\$102.26	\$25.00	\$2,779.99	\$624.98	\$2,155.01	\$2,027.75	\$624.98
<b>HEALTHNET - SMARTCARE HMO</b>										
	<b>HMO</b>									
E20	SELF	1	\$1,153.00	\$102.26	\$25.00	\$1,280.26	\$624.98	\$655.28	\$528.02	\$624.98
D20	SELF + 1 DEPENDENT	2	\$2,306.00	\$102.26	\$25.00	\$2,433.26	\$624.98	\$1,808.28	\$1,681.02	\$624.98
F20	SELF + DEPENDENTS	3	\$2,997.80	\$102.26	\$25.00	\$3,125.06	\$624.98	\$2,500.08	\$2,372.82	\$624.98
<b>WESTERN ADVANTAGE HEALTH</b>										
	<b>HMO</b>									
E20	SELF	1	\$741.26	\$102.26	\$25.00	\$868.52	\$624.98	\$243.54	\$116.28	\$624.98
D20	SELF + 1 DEPENDENT	2	\$1,482.52	\$102.26	\$25.00	\$1,609.78	\$624.98	\$984.80	\$857.54	\$624.98
F20	SELF + DEPENDENTS	3	\$1,927.28	\$102.26	\$25.00	\$2,054.54	\$624.98	\$1,429.56	\$1,302.30	\$624.98

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](http://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