

Estimate your monthly contributions using the table below

***Classified** = \$804.17/month (Must work a minimum of 6 hours to receive contribution)

***Certificated** = \$700.00/month (Pro-rated for positions under 1 FTE)

***Admin. /Classified Mgmt.** = \$1636.49/month (Pro-rated for positions under 1 FTE)

Employer Contributions: _____ (This is one of the amounts above)

Premium rate for medical: _____ (This is the amount for your chosen medical plan)

Premium rates for dental/vision: _____ (This is the amount for your dental/vision plan)

*Your Contribution= _____

*If positive-you are completely covered

*If negative-that is your portion that will be deducted from your monthly paycheck

CalPERS 2023 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2023

Region 1

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

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	1,128.83	506	1	1	2,257.66	506	2	2	2,934.96	506	3	3
Anthem Blue Cross Traditional HMO	1,210.71	509	1	1	2,421.42	509	2	2	3,147.85	509	3	3
Blue Shield Trio HMO*	888.94	451	1	1	1,777.88	451	2	2	2,311.24	451	3	3
Kaiser Permanente	913.74	533	1	1	1,827.48	533	2	2	2,375.72	533	3	3
PERS Gold	825.61	613	1	1	1,651.22	613	2	2	2,146.59	613	3	3
PERS Platinum	1,200.12	601	1	1	2,400.24	601	2	2	3,120.31	601	3	3

Dental/Vision premium rates: offered through CVT

	<u>Single</u>	<u>Employee + 1</u>	<u>Family</u>	<u>Composite Rate</u>
Dental	\$41.48	\$75.13	\$108.00	\$84.22 (Admin/Mgt only)
Vision	\$11.52	\$21.39	\$32.95	
TOTAL:	\$53.00	\$96.52	\$140.95	

EXAMPLES ON NEXT PAGE

EXAMPLES

Certificated Teacher chooses to take Kaiser for her entire family and dental/vision for herself only

Employer Contributions: \$700

Premium rate for medical: \$2,375.72

Premium rates for dental/vision: \$53.00

Your Contribution= -\$1,728.72 (amount is negative so there will be a monthly offset amount of \$1,728.72 from the employees check)

Certificated Teacher chooses to take opt out health and enroll in dental/vision for the family

Employer Contributions: \$700

Premium rate for medical: \$0

Premium rates for dental/vision: \$140.95

Your Contribution= \$559.05 (amount is positive so there will be NO monthly offset amount from the employees check. This amount is a wash as Certificate and Classified employees DO NOT qualify for cash-in-lieu)

Classified Employee chooses to take PERS Gold for him and his wife and dental/vision for the family

Employer Contributions: \$804.17

Premium rate for medical: \$1,651.22

Premium rates for dental/vision: \$140.95

Your Contribution= -\$988.00 (amount is negative so there will be a monthly offset amount of \$988.00 from the employees check)

Admin/Management chooses to take Anthem Blue Cross Select and dental/vision for themselves only

Employer Contributions: \$1,636.49

Premium rate for medical: \$1,128.83

Premium rates for dental/vision: \$95.74

Your Contribution= \$411.92 (amount is positive so there will be NO monthly offset amount from the employees check. This amount is a wash as a health plan was chosen)

***Admin/Management chooses to take opt out health and enroll in dental/vision for the family**

Employer Contributions: \$804.17 (Classified cap for cash-in-lieu)

Premium rate for medical: \$0 (OPTED OUT)

Premium rates for dental/vision: \$117.17

Your Contribution= \$687.00 (This will be the allowable cash-in-lieu monthly amount paid to the employee)

*only applicable for Admin/Management staff. Monthly amount is the Classified cap minus your choice for dental/vision.