

2023 MONTHLY MEDICAL CONTRIBUTION RATES REGION 1

Effective: January 1, 2023 - December 31, 2023			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES	
Plan Name <small>(Deduction code)</small>	Coverage Level	Full Premium	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS														
Anthem Blue Cross Select HMO	Employee Only	\$ 1,128.83	\$ 889.00	\$ 239.83	\$ 864.00	\$ 264.83	\$ 880.00	\$ 248.83	\$ 925.00	\$ 203.83	\$ 889.00	\$ 239.83	\$ 789.00	\$ 339.83
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 2,257.66	\$ 1,462.00	\$ 795.66	\$ 1,678.00	\$ 579.66	\$ 1,497.00	\$ 760.66	\$ 1,632.00	\$ 625.66	\$ 1,537.00	\$ 720.66	\$ 1,312.00	\$ 945.66
	Employee + 2 or more	\$ 2,934.96	\$ 1,969.00	\$ 965.96	\$ 2,166.00	\$ 768.96	\$ 1,939.39	\$ 995.57	\$ 2,184.00	\$ 750.96	\$ 2,067.00	\$ 867.96	\$ 1,717.00	\$ 1,217.96
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,210.71	\$ 889.00	\$ 321.71	\$ 864.00	\$ 346.71	\$ 880.00	\$ 330.71	\$ 925.00	\$ 285.71	\$ 889.00	\$ 321.71	\$ 789.00	\$ 421.71
	Employee + 1	\$ 2,421.42	\$ 1,462.00	\$ 959.42	\$ 1,678.00	\$ 743.42	\$ 1,497.00	\$ 924.42	\$ 1,632.00	\$ 789.42	\$ 1,537.00	\$ 884.42	\$ 1,312.00	\$ 1,109.42
	Employee + 2 or more	\$ 3,147.85	\$ 1,969.00	\$ 1,178.85	\$ 2,166.00	\$ 981.85	\$ 1,939.39	\$ 1,208.46	\$ 2,184.00	\$ 963.85	\$ 2,067.00	\$ 1,080.85	\$ 1,717.00	\$ 1,430.85
Blue Shield Access+	Employee Only	\$ 1,035.21	\$ 889.00	\$ 146.21	\$ 864.00	\$ 171.21	\$ 880.00	\$ 155.21	\$ 925.00	\$ 110.21	\$ 889.00	\$ 146.21	\$ 789.00	\$ 246.21
	Employee + 1	\$ 2,070.42	\$ 1,462.00	\$ 608.42	\$ 1,678.00	\$ 392.42	\$ 1,497.00	\$ 573.42	\$ 1,632.00	\$ 438.42	\$ 1,537.00	\$ 533.42	\$ 1,312.00	\$ 758.42
	Employee + 2 or more	\$ 2,691.55	\$ 1,969.00	\$ 722.55	\$ 2,166.00	\$ 525.55	\$ 1,939.39	\$ 752.16	\$ 2,184.00	\$ 507.55	\$ 2,067.00	\$ 624.55	\$ 1,717.00	\$ 974.55
Blue Shield Trio HMO	Employee Only	\$ 888.94	\$ 889.00	\$ -	\$ 864.00	\$ 24.94	\$ 880.00	\$ 8.94	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 99.94
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,777.88	\$ 1,462.00	\$ 315.88	\$ 1,678.00	\$ 99.88	\$ 1,497.00	\$ 280.88	\$ 1,632.00	\$ 145.88	\$ 1,537.00	\$ 240.88	\$ 1,312.00	\$ 465.88
	Employee + 2 or more	\$ 2,311.24	\$ 1,969.00	\$ 342.24	\$ 2,166.00	\$ 145.24	\$ 1,939.39	\$ 371.85	\$ 2,184.00	\$ 127.24	\$ 2,067.00	\$ 244.24	\$ 1,717.00	\$ 594.24
HealthNet SmartCare HMO	Employee Only	\$ 1,174.50	\$ 889.00	\$ 285.50	\$ 864.00	\$ 310.50	\$ 880.00	\$ 294.50	\$ 925.00	\$ 249.50	\$ 889.00	\$ 285.50	\$ 789.00	\$ 385.50
	Employee + 1	\$ 2,349.00	\$ 1,462.00	\$ 887.00	\$ 1,678.00	\$ 671.00	\$ 1,497.00	\$ 852.00	\$ 1,632.00	\$ 717.00	\$ 1,537.00	\$ 812.00	\$ 1,312.00	\$ 1,037.00
	Employee + 2 or more	\$ 3,053.70	\$ 1,969.00	\$ 1,084.70	\$ 2,166.00	\$ 887.70	\$ 1,939.39	\$ 1,114.31	\$ 2,184.00	\$ 869.70	\$ 2,067.00	\$ 986.70	\$ 1,717.00	\$ 1,336.70
Kaiser Permanente	Employee Only	\$ 913.74	\$ 889.00	\$ 24.74	\$ 864.00	\$ 49.74	\$ 880.00	\$ 33.74	\$ 925.00	\$ -	\$ 889.00	\$ 24.74	\$ 789.00	\$ 124.74
	Employee + 1	\$ 1,827.48	\$ 1,462.00	\$ 365.48	\$ 1,678.00	\$ 149.48	\$ 1,497.00	\$ 330.48	\$ 1,632.00	\$ 195.48	\$ 1,537.00	\$ 290.48	\$ 1,312.00	\$ 515.48
	Employee + 2 or more	\$ 2,375.72	\$ 1,969.00	\$ 406.72	\$ 2,166.00	\$ 209.72	\$ 1,939.39	\$ 436.33	\$ 2,184.00	\$ 191.72	\$ 2,067.00	\$ 308.72	\$ 1,717.00	\$ 658.72
United Healthcare Signature Value Alliance	Employee Only	\$ 1,044.07	\$ 889.00	\$ 155.07	\$ 864.00	\$ 180.07	\$ 880.00	\$ 164.07	\$ 925.00	\$ 119.07	\$ 889.00	\$ 155.07	\$ 789.00	\$ 255.07
	Employee + 1	\$ 2,088.14	\$ 1,462.00	\$ 626.14	\$ 1,678.00	\$ 410.14	\$ 1,497.00	\$ 591.14	\$ 1,632.00	\$ 456.14	\$ 1,537.00	\$ 551.14	\$ 1,312.00	\$ 776.14
	Employee + 2 or more	\$ 2,714.58	\$ 1,969.00	\$ 745.58	\$ 2,166.00	\$ 548.58	\$ 1,939.39	\$ 775.19	\$ 2,184.00	\$ 530.58	\$ 2,067.00	\$ 647.58	\$ 1,717.00	\$ 997.58
Western Health Advantage	Employee Only	\$ 760.17	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,520.34	\$ 1,462.00	\$ 58.34	\$ 1,678.00	\$ -	\$ 1,497.00	\$ 23.34	\$ 1,632.00	\$ -	\$ 1,537.00	\$ -	\$ 1,312.00	\$ 208.34
	Employee + 2 or more	\$ 1,976.44	\$ 1,969.00	\$ 7.44	\$ 2,166.00	\$ -	\$ 1,939.39	\$ 37.05	\$ 2,184.00	\$ -	\$ 2,067.00	\$ -	\$ 1,717.00	\$ 259.44
PPO PLANS														
Anthem Blue Cross Del Norte County EPO	Employee Only	\$ 1,200.12	\$ 889.00	\$ 311.12	\$ 864.00	\$ 336.12	\$ 880.00	\$ 320.12	\$ 925.00	\$ 275.12	\$ 889.00	\$ 311.12	\$ 789.00	\$ 411.12
	Employee + 1	\$ 2,400.24	\$ 1,462.00	\$ 938.24	\$ 1,678.00	\$ 722.24	\$ 1,497.00	\$ 903.24	\$ 1,632.00	\$ 768.24	\$ 1,537.00	\$ 863.24	\$ 1,312.00	\$ 1,088.24
	Employee + 2 or more	\$ 3,120.31	\$ 1,969.00	\$ 1,151.31	\$ 2,166.00	\$ 954.31	\$ 1,939.39	\$ 1,180.92	\$ 2,184.00	\$ 936.31	\$ 2,067.00	\$ 1,053.31	\$ 1,717.00	\$ 1,403.31
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 825.61	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 36.61
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,651.22	\$ 1,462.00	\$ 189.22	\$ 1,678.00	\$ -	\$ 1,497.00	\$ 154.22	\$ 1,632.00	\$ 19.22	\$ 1,537.00	\$ 114.22	\$ 1,312.00	\$ 339.22
	Employee + 2 or more	\$ 2,146.59	\$ 1,969.00	\$ 177.59	\$ 2,166.00	\$ -	\$ 1,939.39	\$ 207.20	\$ 2,184.00	\$ -	\$ 2,067.00	\$ 79.59	\$ 1,717.00	\$ 429.59
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,200.12	\$ 889.00	\$ 311.12	\$ 864.00	\$ 336.12	\$ 880.00	\$ 320.12	\$ 925.00	\$ 275.12	\$ 889.00	\$ 311.12	\$ 789.00	\$ 411.12
<i>90/10 Plan</i>	Employee + 1	\$ 2,400.24	\$ 1,462.00	\$ 938.24	\$ 1,678.00	\$ 722.24	\$ 1,497.00	\$ 903.24	\$ 1,632.00	\$ 768.24	\$ 1,537.00	\$ 863.24	\$ 1,312.00	\$ 1,088.24
	Employee + 2 or more	\$ 3,120.31	\$ 1,969.00	\$ 1,151.31	\$ 2,166.00	\$ 954.31	\$ 1,939.39	\$ 1,180.92	\$ 2,184.00	\$ 936.31	\$ 2,067.00	\$ 1,053.31	\$ 1,717.00	\$ 1,403.31

Counties Served:
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

2023 MONTHLY MEDICAL CONTRIBUTION RATES REGION 1

Effective: January 1, 2023 - December 31, 2023			AFT (Full-Time Faculty)		
Plan Name <i>(Deduction code)</i>	Coverage Level	Full Premium	Portion Paid by District	Out of Pocket Aug-Dec or Sep-Dec	Out of Pocket for Jan-May or Feb-Jun
HMO PLANS					
Anthem Blue Cross Select HMO	Employee Only	\$ 1,128.83	\$ 875.00	\$ 253.83	\$ 355.36
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 2,257.66	\$ 1,444.97	\$ 812.69	\$ 1137.77
	Employee + 2 or more	\$ 2,934.96	\$ 1,878.41	\$ 1,056.55	\$ 1479.17
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,210.71	\$ 875.00	\$ 335.71	\$ 469.99
	Employee + 1	\$ 2,421.42	\$ 1,444.97	\$ 976.45	\$ 1367.03
	Employee + 2 or more	\$ 3,147.85	\$ 1,878.41	\$ 1,269.44	\$ 1777.22
Blue Shield Access+	Employee Only	\$ 1,035.21	\$ 875.00	\$ 160.21	\$ 224.29
	Employee + 1	\$ 2,070.42	\$ 1,444.97	\$ 625.45	\$ 875.63
	Employee + 2 or more	\$ 2,691.55	\$ 1,878.41	\$ 813.14	\$ 1138.40
Blue Shield Trio HMO	Employee Only	\$ 888.94	\$ 875.00	\$ 13.94	\$ 19.52
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,777.88	\$ 1,444.97	\$ 332.91	\$ 466.07
	Employee + 2 or more	\$ 2,311.24	\$ 1,878.41	\$ 432.83	\$ 605.96
HealthNet SmartCare HMO	Employee Only	\$ 1,174.50	\$ 875.00	\$ 299.50	\$ 419.30
	Employee + 1	\$ 2,349.00	\$ 1,444.97	\$ 904.03	\$ 1265.64
	Employee + 2 or more	\$ 3,053.70	\$ 1,878.41	\$ 1,175.29	\$ 1645.41
Kaiser Permanente	Employee Only	\$ 913.74	\$ 875.00	\$ 38.74	\$ 54.24
	Employee + 1	\$ 1,827.48	\$ 1,444.97	\$ 382.51	\$ 535.51
	Employee + 2 or more	\$ 2,375.72	\$ 1,878.41	\$ 497.31	\$ 696.23
United Healthcare Signature Value Alliance	Employee Only	\$ 1,044.07	\$ 875.00	\$ 169.07	\$ 236.70
	Employee + 1	\$ 2,088.14	\$ 1,444.97	\$ 643.17	\$ 900.44
	Employee + 2 or more	\$ 2,714.58	\$ 1,878.41	\$ 836.17	\$ 1170.64
Western Health Advantage	Employee Only	\$ 760.17	\$ 875.00	\$ -	\$ 0.00
<i>Limited Counties, Not available in San Mateo County</i>	Employee + 1	\$ 1,520.34	\$ 1,444.97	\$ 75.37	\$ 105.52
	Employee + 2 or more	\$ 1,976.44	\$ 1,878.41	\$ 98.03	\$ 137.24
PPO PLANS					
Anthem Blue Cross Del Norte County EPO	Employee Only	\$ 1,200.12	\$ 875.00	\$ 325.12	\$ 455.17
	Employee + 1	\$ 2,400.24	\$ 1,444.97	\$ 955.27	\$ 1337.38
	Employee + 2 or more	\$ 3,120.31	\$ 1,878.41	\$ 1,241.90	\$ 1738.66
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 825.61	\$ 875.00	\$ -	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,651.22	\$ 1,444.97	\$ 206.25	\$ 288.75
	Employee + 2 or more	\$ 2,146.59	\$ 1,878.41	\$ 268.18	\$ 375.45
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 1,200.12	\$ 875.00	\$ 325.12	\$ 455.17
<i>90/10 Plan</i>	Employee + 1	\$ 2,400.24	\$ 1,444.97	\$ 955.27	\$ 1337.38
	Employee + 2 or more	\$ 3,120.31	\$ 1,878.41	\$ 1,241.90	\$ 1738.66

Counties Served:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, S