

2023 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 3

(Los Angeles, Riverside, San Bernardino)

Effective: January 1, 2023 - December 31, 2023

Plan Name	Coverage Level	Full Premium	ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES		AFT (Full-Time Faculty)		
			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	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	\$ 737.91	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$1,475.82	\$ 1,462.00	\$ 13.82	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 163.82	\$1,444.97	\$ 30.85	\$ 43.19
	Employee + 2 or more	\$1,918.57	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 201.57	\$1,878.41	\$ 40.16	\$ 56.22
Anthem Blue Cross Traditional HMO	Employee Only	\$ 942.73	\$ 889.00	\$ 53.73	\$ 864.00	\$ 78.73	\$ 880.00	\$ 62.73	\$ 925.00	\$ 17.73	\$ 889.00	\$ 53.73	\$ 789.00	\$ 153.73	\$ 875.00	\$ 67.73	\$ 94.82
	Employee + 1	\$1,885.46	\$ 1,462.00	\$ 423.46	\$1,678.00	\$ 207.46	\$1,497.00	\$ 388.46	\$1,632.00	\$ 253.46	\$1,537.00	\$ 348.46	\$1,312.00	\$ 573.46	\$1,444.97	\$ 440.49	\$ 616.69
	Employee + 2 or more	\$2,451.10	\$ 1,969.00	\$ 482.10	\$2,166.00	\$ 285.10	\$1,939.39	\$ 511.71	\$2,184.00	\$ 267.10	\$2,067.00	\$ 384.10	\$1,717.00	\$ 734.10	\$1,878.41	\$ 572.69	\$ 801.77
Blue Shield Access+	Employee Only	\$ 738.29	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,476.58	\$ 1,462.00	\$ 14.58	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 164.58	\$1,444.97	\$ 31.61	\$ 44.25
	Employee + 2 or more	\$1,919.55	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 202.55	\$1,878.41	\$ 41.14	\$ 57.60
Blue Shield Trio HMO	Employee Only	\$ 661.49	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$1,322.98	\$ 1,462.00	\$ -	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 10.98	\$1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$1,719.87	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 2.87	\$1,878.41	\$ -	\$ 0.00
Health Net Salud y Mas	Employee Only	\$ 606.34	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,212.68	\$ 1,462.00	\$ -	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ -	\$1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$1,576.48	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ -	\$1,878.41	\$ -	\$ 0.00
HealthNet SmartCare HMO	Employee Only	\$ 755.29	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,510.58	\$ 1,462.00	\$ 48.58	\$1,678.00	\$ -	\$1,497.00	\$ 13.58	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 198.58	\$1,444.97	\$ 65.61	\$ 91.85
	Employee + 2 or more	\$1,963.75	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ 24.36	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 246.75	\$1,878.41	\$ 85.34	\$ 119.48
Kaiser Permanente	Employee Only	\$ 754.64	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,509.28	\$ 1,462.00	\$ 47.28	\$1,678.00	\$ -	\$1,497.00	\$ 12.28	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 197.28	\$1,444.97	\$ 64.31	\$ 90.03
	Employee + 2 or more	\$1,962.06	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ 22.67	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 245.06	\$1,878.41	\$ 83.65	\$ 117.11
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 790.46	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ 1.46	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,580.92	\$ 1,462.00	\$ 118.92	\$1,678.00	\$ -	\$1,497.00	\$ 83.92	\$1,632.00	\$ -	\$1,537.00	\$ 43.92	\$1,312.00	\$ 268.92	\$1,444.97	\$ 135.95	\$ 190.33
	Employee + 2 or more	\$2,055.20	\$ 1,969.00	\$ 86.20	\$2,166.00	\$ -	\$1,939.39	\$ 115.81	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 338.20	\$1,878.41	\$ 176.79	\$ 247.51
UnitedHealthcare SignatureValue Harmony	Employee Only	\$ 713.55	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$1,427.10	\$ 1,462.00	\$ -	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 115.10	\$1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$1,855.23	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 138.23	\$1,878.41	\$ -	\$ 0.00
PPO PLANS																	
Anthem Blue Cross PERS GOLD PPO	Employee Only	\$ 680.37	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 880.00	\$ -	\$ 925.00	\$ -	\$ 889.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$1,360.74	\$ 1,462.00	\$ -	\$1,678.00	\$ -	\$1,497.00	\$ -	\$1,632.00	\$ -	\$1,537.00	\$ -	\$1,312.00	\$ 48.74	\$1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$1,768.96	\$ 1,969.00	\$ -	\$2,166.00	\$ -	\$1,939.39	\$ -	\$2,184.00	\$ -	\$2,067.00	\$ -	\$1,717.00	\$ 51.96	\$1,878.41	\$ -	\$ 0.00
Anthem Blue Cross PERS PLATINUM PPO	Employee Only	\$ 992.59	\$ 889.00	\$ 103.59	\$ 864.00	\$ 128.59	\$ 880.00	\$ 112.59	\$ 925.00	\$ 67.59	\$ 889.00	\$ 103.59	\$ 789.00	\$ 203.59	\$ 875.00	\$ -	\$ 0.00
<i>90/10 Plan</i>	Employee + 1	\$1,985.18	\$ 1,462.00	\$ 523.18	\$1,678.00	\$ 307.18	\$1,497.00	\$ 488.18	\$1,632.00	\$ 353.18	\$1,537.00	\$ 448.18	\$1,312.00	\$ 673.18	\$1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$2,580.73	\$ 1,969.00	\$ 611.73	\$2,166.00	\$ 414.73	\$1,939.39	\$ 641.34	\$2,184.00	\$ 396.73	\$2,067.00	\$ 513.73	\$1,717.00	\$ 863.73	\$1,878.41	\$ 106.77	\$ 149.48