

## 2023 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

### REGION 3

(Los Angeles, Riverside, San Bernardino)

Effective: January 1, 2023 - December 31, 2023 *CAP INCREASES BOARD APPROVED MAY 24, 2023*			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES		AFT (Full-Time Faculty)		
Plan Name	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	Portion Paid by District	Out of Pocket Aug-Dec or Jan-May or Feb-Jun	Out of Pocket for Jan-May or Feb-Jun
<b>HMO PLANS</b>																	
<b>Anthem Blue Cross Select HMO</b>	Employee Only	\$ 737.91	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,475.82	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 163.82	\$ 1,444.97	\$ 30.85	\$ 43.19
	Employee + 2 or more	\$ 1,918.57	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 201.57	\$ 1,878.41	\$ 40.16	\$ 56.22
<b>Anthem Blue Cross Traditional HMO</b>	Employee Only	\$ 942.73	\$ 914.00	\$ 28.73	\$ 914.00	\$ 28.73	\$ 914.00	\$ 28.73	\$ 925.00	\$ 17.73	\$ 914.00	\$ 28.73	\$ 789.00	\$ 153.73	\$ 875.00	\$ 67.73	\$ 94.82
	Employee + 1	\$ 1,885.46	\$ 1,575.00	\$ 310.46	\$ 1,678.00	\$ 207.46	\$ 1,610.00	\$ 275.46	\$ 1,745.00	\$ 140.46	\$ 1,650.00	\$ 235.46	\$ 1,312.00	\$ 573.46	\$ 1,444.97	\$ 440.49	\$ 616.69
	Employee + 2 or more	\$ 2,451.10	\$ 2,115.00	\$ 336.10	\$ 2,166.00	\$ 285.10	\$ 2,086.00	\$ 365.10	\$ 2,330.00	\$ 121.10	\$ 2,213.00	\$ 238.10	\$ 1,717.00	\$ 734.10	\$ 1,878.41	\$ 572.69	\$ 801.77
<b>Blue Shield Access+</b>	Employee Only	\$ 738.29	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,476.58	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 164.58	\$ 1,444.97	\$ 31.61	\$ 44.25
	Employee + 2 or more	\$ 1,919.55	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 202.55	\$ 1,878.41	\$ 41.14	\$ 57.60
<b>Blue Shield Trio HMO</b>	Employee Only	\$ 661.49	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,322.98	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 10.98	\$ 1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$ 1,719.87	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 2.87	\$ 1,878.41	\$ -	\$ 0.00
<b>Health Net Salud y Mas</b>	Employee Only	\$ 606.34	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,212.68	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ -	\$ 1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$ 1,576.48	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ -	\$ 1,878.41	\$ -	\$ 0.00
<b>HealthNet SmartCare HMO</b>	Employee Only	\$ 755.29	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,510.58	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 198.58	\$ 1,444.97	\$ 65.61	\$ 91.85
	Employee + 2 or more	\$ 1,963.75	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 246.75	\$ 1,878.41	\$ 85.34	\$ 119.48
<b>Kaiser Permanente</b>	Employee Only	\$ 754.64	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,509.28	\$ 1,575.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 197.28	\$ 1,444.97	\$ 64.31	\$ 90.03
	Employee + 2 or more	\$ 1,962.06	\$ 2,115.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 245.06	\$ 1,878.41	\$ 83.65	\$ 117.11
<b>UnitedHealthcare SignatureValue Alliance</b>	Employee Only	\$ 790.46	\$ 889.00	\$ -	\$ 914.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ 1.46	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,580.92	\$ 1,462.00	\$ 118.92	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 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	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 338.20	\$ 1,878.41	\$ 176.79	\$ 247.51
<b>UnitedHealthcare SignatureValue Harmony</b>	Employee Only	\$ 713.55	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
	Employee + 1	\$ 1,427.10	\$ 1,462.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 115.10	\$ 1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$ 1,855.23	\$ 1,969.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 138.23	\$ 1,878.41	\$ -	\$ 0.00
<b>PPO PLANS</b>																	
<b>Anthem Blue Cross PERS GOLD PPO</b>	Employee Only	\$ 680.37	\$ 889.00	\$ -	\$ 864.00	\$ -	\$ 914.00	\$ -	\$ 925.00	\$ -	\$ 914.00	\$ -	\$ 789.00	\$ -	\$ 875.00	\$ -	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,360.74	\$ 1,462.00	\$ -	\$ 1,678.00	\$ -	\$ 1,610.00	\$ -	\$ 1,745.00	\$ -	\$ 1,650.00	\$ -	\$ 1,312.00	\$ 48.74	\$ 1,444.97	\$ -	\$ 0.00
	Employee + 2 or more	\$ 1,768.96	\$ 1,969.00	\$ -	\$ 2,166.00	\$ -	\$ 2,086.00	\$ -	\$ 2,330.00	\$ -	\$ 2,213.00	\$ -	\$ 1,717.00	\$ 51.96	\$ 1,878.41	\$ -	\$ 0.00
<b>Anthem Blue Cross PERS PLATINUM PPO</b>	Employee Only	\$ 992.59	\$ 889.00	\$ 103.59	\$ 864.00	\$ 128.59	\$ 914.00	\$ 78.59	\$ 925.00	\$ 67.59	\$ 914.00	\$ 78.59	\$ 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	\$ 1,610.00	\$ 375.18	\$ 1,745.00	\$ 240.18	\$ 1,650.00	\$ 335.18	\$ 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	\$ 2,086.00	\$ 494.73	\$ 2,330.00	\$ 250.73	\$ 2,213.00	\$ 367.73	\$ 1,717.00	\$ 863.73	\$ 1,878.41	\$ 106.77	\$ 149.48