



**SAN MATEO COUNTY
COMMUNITY
COLLEGE DISTRICT**

Cañada College • College of San Mateo • Skyline College

**FULL-TIME FACULTY BENEFITTED EMPLOYEES MEDICAL PLANS
2022 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA - 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)

Effective: January 1, 2022 - December 31, 2022

				AFT (Full-Time Faculty)		
Plan Name	Plan Code	Plan Description	Premium	Portion Paid by District	Out of Pocket	Out of Pocket for Jan-May or Feb-Jun
HMO PLANS						
Anthem Blue Cross Traditional HMO	4501	Single	\$ 1,304.00	\$ 875.00	\$ 429.00	\$ 600.60
	4502	2-Party	\$ 2,608.00	\$ 1,444.97	\$ 1,163.03	\$ 1628.24
	4503	Family	\$ 3,390.40	\$ 1,878.41	\$ 1,511.99	\$ 2116.79
Anthem Blue Cross Select HMO	4541	Single	\$ 1015.81	\$ 875.00	\$ 140.81	\$ 197.13
<i>Limited Network</i>	4542	2-Party	\$ 2,031.62	\$ 1,444.97	\$ 586.65	\$ 821.31
<i>Not available in San Mateo County</i>	4543	Family	\$ 2,641.11	\$ 1,878.41	\$ 762.70	\$ 1067.78
Blue Shield Access+		Single	\$ 1,116.01	\$ 875.00	\$ 241.01	\$ 337.41
		2-Party	\$ 2,232.02	\$ 1,444.97	\$ 787.05	\$ 1101.87
		Family	\$ 2,901.63	\$ 1,878.41	\$ 1,023.22	\$ 1432.51
HealthNet SmartCare HMO	3751	Single	\$ 1,153.00	\$ 875.00	\$ 278.00	\$ 389.20
	3752	2-Party	\$ 2,306.00	\$ 1,444.97	\$ 861.03	\$ 1205.44
	3753	Family	\$ 2,997.80	\$ 1,878.41	\$ 1,119.39	\$ 1567.15
Kaiser Permanente	1041	Single	\$ 857.06	\$ 875.00	\$ -	\$ 0.00
	1042	2-Party	\$ 1,714.12	\$ 1,444.97	\$ 269.15	\$ 376.81
	1043	Family	\$ 2,228.36	\$ 1,878.41	\$ 349.95	\$ 489.93
Western Health Advantage	1791	Single	\$ 741.26	\$ 875.00	\$ -	\$ 0.00
<i>*Only available in Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma</i>	1792	2-Party	\$ 1,482.52	\$ 1,444.97	\$ 37.55	\$ 52.57
	1793	Family	\$ 1,927.28	\$ 1,878.41	\$ 48.87	\$ 68.42
PPO PLANS						
Anthem Blue Cross PERS Gold	1261	Single	\$ 701.23	\$ 875.00	\$ -	\$ 0.00
<i>(formerly PERS Select)</i>	1262	2-Party	\$ 1,402.46	\$ 1,444.97	\$ -	\$ 0.00
<i>80/20 Plan - Reduced Network</i>	1263	Family	\$ 1,823.20	\$ 1,878.41	\$ -	\$ 0.00
Anthem Blue Cross PERS Platinum	1221	Single	\$ 1,057.01	\$ 875.00	\$ 182.01	\$ 254.81
<i>(formerly PERS CARE or PERS Choice)</i>	1222	2-Party	\$ 2,114.02	\$ 1,444.97	\$ 669.05	\$ 936.67
<i>90/10 Plan</i>	1223	Family	\$ 2,748.23	\$ 1,878.41	\$ 869.82	\$ 1217.75