



SAN MATEO-FOSTER CITY SCHOOL DISTRICT

DENTAL, VISION AND HEALTH INSURANCE MONTHLY RATES

ACTIVE CERTIFICATED AND CLASSIFIED EMPLOYEES

2022 SUMMARY OF BENEFITS AND COVERAGE NOTICE

December payroll deductions reflect any changes effective January 1, 2022

CARRIER	PLAN CODE	SINGLE COVERAGE	PLAN CODE	DOUBLE COVERAGE	PLAN CODE	FAMILY COVERAGE
DELTA DENTAL		\$58.90		\$119.70		\$178.60
PERS MEDICAL PLANS						
HEALTH MAINTENANCE ORGANIZATIONS (HMO'S)						
Anthem HMO Select ***	4541	\$1,015.81	4542	\$2,031.62	4543	\$2,641.11
Anthem HMO Traditional	4501	\$1,304.00	4502	\$2,608.00	4503	\$3,390.40
Blue Shield Access +		\$1,116.01		\$2,232.02		\$2,901.62
HealthNet Smartcare	3751	\$1,153.00	3752	\$2,306.00	3753	\$2,997.80
KAISER	1041	\$857.06	1042	\$1,714.12	1043	\$2,228.36
PREFERRED PROVIDER ORGANIZATIONS (PPO'S)						
PERS Gold**	1061	\$701.23	1062	\$1,402.46	1063	\$1,823.20
PERS Platinum	1261	\$1,057.01	1262	\$2,114.02	1263	\$2,748.23
VISION PLAN						
VSP Vision Service Plan		\$7.60		\$16.15		\$22.80

**PERS Select has a very limited physicians network

***Anthem HMO Select only available to San Francisco residents

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit www.calpers.ca.gov * under the **Plans and Rate** section (subsection **Health Plans**), or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

* <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

** To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

CARRIER INFORMATION	PHONE NUMBER	ACTIVE	RETIREE	MEDICARE
Delta Dental Group number	1(866) 499-3001	15997-0431	15997-0433	
Medical Insurances - CalPERS	1(888) 225-7377	www.calpers.ca.gov		
Anthem Blue Cross (HMO)	1(855) 839-4524	www.anthem.com/ca/calpers/HMO		
Blue Shield Access + (HMO)	1(800)334-5847	www.blueshieldca.com/calpers		
HealthNet Smartcare	1(888) 926-4921	www.healthnet.com/calpers		
Kaiser	1(800) 464-4000	www.kp.org/calpers		
PERS Platinum (Anthem Blue Cross)	1(877) 737-7776	www.anthem.com/ca/calpers		
VSP Vision Service Plan	1(800) 877-7195	www.vsp.com		
--Certificated & Classified		12135474-0031	12135474-0033	
Rev 9/14/2021				2022 Benefit Premiums

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