

**(FMA) Management Health Benefits
January 1, 2022 - December 31, 2022 Rate Sheet**

CALPERS Monthly Premium - Bay Area Region 1							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access+ HMO
Employee Only	\$1,015.81	\$1,304.00	\$1,153.00	\$857.06	\$1,057.01	\$701.23	\$1,116.01
Employee & 1 Dependent	\$2,031.62	\$2,608.00	\$2,306.00	\$1,714.12	\$2,114.02	\$1,402.46	\$2,232.02
Employee & 2+ Dependents (Family)	\$2,641.11	\$3,390.40	\$2,997.80	\$2,228.36	\$2,748.23	\$1,823.20	\$2,901.63

Employee's Monthly Contribution							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access PPO
Employee Only	\$20.38	\$308.57	\$157.57	(\$138.37)	\$61.58	(\$294.20)	\$120.58
Employee & 1 Dependent	\$1,036.19	\$1,612.57	\$1,310.57	\$718.69	\$1,118.59	\$407.03	\$1,236.59
Employee & 2+ Dependents (Family)	\$1,645.68	\$2,394.97	\$2,002.37	\$1,232.93	\$1,752.80	\$827.77	\$1,906.20

Employee's Monthly Dental & Vision Contribution		
Composite Rate	Dental	Vision
	\$121.57	\$30.49

- * District pays \$995.43 CAP per month towards employee's medical insurance premium only. Dental and/or Vision monthly cost(s) is/are paid by employee through monthly payroll deduction(s).
- * If employee declines medical benefit, District will contribute \$995.43 per month towards employee's Health Reimbursement Arrangement (HRA) Account through MidAmerica.
- * If employee opted-out of medical, this \$995.43 CAP may be applied towards the employee's dental and/or vision monthly premium(s). Then the balance will be sent to employee's Health Reimbursement Arrangement (HRA) Account through MidAmerica.
- * 11-month Management employee portion for medical, dental & vision will double deduct on Jun to cover the July employee cost.