

**CLASSIFIED - LOCAL ONE
2023 MONTHLY BENEFIT RATE CHART
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, and Yuba

***Not all plans are available in all areas - please refer to www.calpers.ca.gov for plan availability

Kaiser	Agency Pays	Employee Pays	Total
Single	\$ 913.74	\$.00	\$ 913.74
2-Party	\$1,827.48	\$.00	\$1,827.48
Family	\$2,375.72	\$.00	\$2,375.72
Blue Shield Access +	Agency Pays	Employee Pays	Total
Single	\$ 929.87	\$ 105.34	\$1,035.21
2-Party	\$1,790.45	\$ 279.97	\$2,070.42
Family	\$2,306.79	\$ 384.76	\$2,691.55
Blue Shield Trio ***	Agency Pays	Employee Pays	Total
Single	\$ 888.94	\$.00	\$ 888.94
2-Party	\$1,777.88	\$.00	\$1,777.88
Family	\$2,311.24	\$.00	\$2,311.24
Anthem HMO Select	Agency Pays	Employee Pays	Total
Single	\$1,080.91	\$ 47.92	\$1,128.83
2-Party	\$2,161.83	\$ 95.83	\$2,257.66
Family	\$2,810.37	\$ 124.59	\$2,934.96
Anthem HMO Traditional	Agency Pays	Employee Pays	Total
Single	\$ 991.40	\$ 219.31	\$1,210.71
2-Party	\$1,913.53	\$ 507.89	\$2,421.42
Family	\$2,466.80	\$ 681.05	\$3,147.85
UnitedHealthcare	Agency Pays	Employee Pays	Total
Single	\$ 912.72	\$ 131.35	\$1,044.07
2-Party	\$1,756.17	\$ 331.97	\$2,088.14
Family	\$2,262.23	\$ 452.35	\$2,714.58
HealthNet SmartCare	Agency Pays	Employee Pays	Total
Single	\$1,006.39	\$ 168.11	\$1,174.50
2-Party	\$1,943.52	\$ 405.48	\$2,349.00
Family	\$2,505.79	\$ 547.91	\$3,053.70
Western Health ***	Agency Pays	Employee Pays	Total
Single	\$ 760.17	\$.00	\$ 760.17
2-Party	\$1,520.34	\$.00	\$1,520.34
Family	\$1,976.44	\$.00	\$1,976.44
PERS Gold PPO	Agency Pays	Employee Pays	Total
Single	\$ 825.61	\$.00	\$ 825.61
2-Party	\$1,651.22	\$.00	\$1,651.22
Family	\$2,146.59	\$.00	\$2,146.59
PERS Platinum PPO	Agency Pays	Employee Pays	Total
Single	\$1,004.56	\$ 195.56	\$1,200.12
2-Party	\$1,939.80	\$ 460.44	\$2,400.24
Family	\$2,500.99	\$ 619.32	\$3,120.31
Delta Dental	Agency Pays	Employee Pays	Total
Single	\$ 53.90	\$.00	\$ 53.90
2-Party	\$ 100.11	\$.00	\$ 100.11
Family	\$ 152.18	\$.00	\$ 152.18
Vision (VSP)	Agency Pays	Employee Pays	Total
Single	\$ 8.11	\$.00	\$ 8.11
2-Party	\$ 16.93	\$.00	\$ 16.93
Family	\$ 24.33	\$.00	\$ 24.33

Cash In Lieu of Medical:	\$335.07	Total Monthly Allotment*
	\$335.07	w/single dental & vision
	\$280.04	w/2-party dental & vision
	\$220.57	w/family dental & vision

*All employees must enroll in at least single dental and vision

** For other regions, Employee Pay remains the same and Agency Pays will vary