

**(FMA) Management Health Benefits**  
**July 1, 2023 - December 31, 2023 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	\$1,128.83	\$1,210.71	\$1,174.50	\$913.74	\$1,200.12	\$825.61	\$1,035.21
Employee & 1 Dependent	\$2,257.66	\$2,421.42	\$2,349.00	\$1,827.48	\$2,400.24	\$1,651.22	\$2,070.42
Employee & 2+ Dependents (Family)	\$2,934.96	\$3,147.85	\$3,053.70	\$2,375.72	\$3,120.31	\$2,146.59	\$2,691.55

Employee's Monthly Contribution (MED + DENT + VIS)							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO
Employee Only	\$228.78	\$310.66	\$274.45	\$13.69	\$300.07	\$0.00	\$135.16
Employee & 1 Dependent	\$1,357.61	\$1,521.37	\$1,448.95	\$927.43	\$1,500.19	\$751.17	\$1,170.37
Employee & 2+ Dependents (Family)	\$2,034.91	\$2,247.80	\$2,153.65	\$1,475.67	\$2,220.26	\$1,246.54	\$1,791.50

Employee's Monthly Contribution (MED + DENT, NO VIS)							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO
Employee Only	\$198.29	\$280.17	\$243.96	\$0.00	\$269.58	\$0.00	\$104.67
Employee & 1 Dependent	\$1,327.12	\$1,490.88	\$1,418.46	\$896.94	\$1,469.70	\$720.68	\$1,139.88
Employee & 2+ Dependents (Family)	\$2,004.42	\$2,217.31	\$2,123.16	\$1,445.18	\$2,189.77	\$1,216.05	\$1,761.01

Employee's Monthly Contribution (MED + VIS, NO DENT)							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO
Employee Only	\$107.21	\$189.09	\$152.88	\$0.00	\$178.50	\$0.00	\$13.59
Employee & 1 Dependent	\$1,236.04	\$1,399.80	\$1,327.38	\$805.86	\$1,378.62	\$629.60	\$1,048.80
Employee & 2+ Dependents (Family)	\$1,913.34	\$2,126.23	\$2,032.08	\$1,354.10	\$2,098.69	\$1,124.97	\$1,669.93

Employee's Monthly Contribution (MED ONLY)							
	Anthem Select HMO	Anthem Traditional HMO	HealthNet SmartCare HMO	Kaiser HMO	Pers Platinum PPO	Pers Gold PPO	Blue Shield Access HMO
Employee Only	\$76.72	\$158.60	\$122.39	\$0.00	\$148.01	\$0.00	\$0.00
Employee & 1 Dependent	\$1,205.55	\$1,369.31	\$1,296.89	\$775.37	\$1,348.13	\$599.11	\$1,018.31
Employee & 2+ Dependents (Family)	\$1,882.85	\$2,095.74	\$2,001.59	\$1,323.61	\$2,068.20	\$1,094.48	\$1,639.44

\* District pays \$1,052.11 CAP per month towards employee's medical, dental and vision premiums.

\* If employee declines medical benefit, District will contribute \$1,052.11 per month towards employee's Health Reimbursement Arrangement (HRA) Account through MidAmerica, less the cost of any Dental and/or Vision premiums.

\* 11-month Management employee portion for medical, dental & vision will double deduct on Jun to cover the July employee cost.