



EL RANCHO UNIFIED SCHOOL
DISTRICT
2022 Health Benefit Rate Summary

CLASSIFIED & CERTIFICATED - FULL TIME (6 - 8 HOURS)

CalPERS HMO Plans

Monthly Premiums (10 months)

PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
Anthem Select HMO	AHS			
Single		\$0.00	\$811.78	\$811.78
Two-Party		\$0.00	\$1623.55	\$1,623.55
Family		\$310.62	\$1800.00	\$2,110.62
Anthem Traditional HMO	AHT			
Single		\$0.00	\$1122.68	\$1,122.68
Two-Party		\$445.37	\$1800.00	\$2,245.37
Family		\$1118.98	\$1800.00	\$2,918.98
Blue Shield Access+	BSA			
Single		\$0.00	\$935.84	\$935.84
Two-Party		\$71.69	\$1800.00	\$1,871.69
Family		\$633.19	\$1800.00	\$2,433.19
Blue Shield Trio	BST			
Single		\$0.00	\$801.76	\$801.76
Two-Party		\$0.00	\$1603.51	\$1,603.51
Family		\$284.57	\$1800.00	\$2,084.57
Health Net Salud Y MAS	HNM			
Single		\$0.00	\$556.64	\$556.64
Two-Party		\$0.00	\$1113.29	\$1113.29
Family		\$0.00	\$1447.27	\$1,447.27
Health Net SmartCare	HNR			
Single		\$0.00	\$917.95	\$917.95
Two-Party		\$35.90	\$1800.00	\$1,835.90
Family		\$586.68	\$1800.00	\$2,386.68
Kaiser CA	KFR			
Single		\$0.00	\$863.74	\$863.74
Two-Party		\$0.00	\$1727.47	\$1,727.47
Family		\$445.72	\$1800.00	\$2,245.72
UnitedHealth Care Alliance	UHC			
Single		\$0.00	\$926.22	\$926.22
Two-Party		\$52.44	\$1800.00	\$1,852.44
Family		\$608.17	\$1800.00	\$2,408.17
UnitedHealth Care Harmony*	UHR			
Single		\$0.00	\$857.14	\$857.14
Two-Party		\$0.00	\$1714.27	\$1,714.27
Family		\$428.56	\$1800.00	\$2,228.56

*New Plan for 2022

*Premiums will be deducted from paychecks January through December. No deductions will be taken on August or September checks.



CLASSIFIED & CERTIFICATED - FULL TIME (6 - 8 HOURS)

CalPERS PPO Plans

CalPERS PPO Plans		Monthly Premiums (10 months)		
PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
PERS Gold PPO*	APS			
Single		\$0.00	\$690.67	\$690.67
Two-Party		\$0.00	\$1381.34	\$1,381.34
Family		\$0.00	\$1795.75	\$1,795.75
PERS Platinum PPO**	PPL			
Single		\$0.00	\$1036.04	\$1,036.04
Two-Party		\$272.09	\$1800.00	\$2,072.09
Family		\$893.71	\$1800.00	\$2,693.71

*Previously PERS Select PPO. Maintains the same network and 80/20 Benefit Design.

**Transition from PERS Choice/PERS Care PPO. Maintains the same network and 90/10 Benefit Design.

Dental, Vision & Life

Dental, Vision & Life		Monthly Premiums (10 months)		
PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
Dental				
Delta Premier	DER			
Single		\$0.00	\$82.80	\$82.80
Two-Party		\$56.04	\$82.80	\$138.84
Family		\$115.32	\$82.80	\$198.12
MetLife (HMO)	MET	\$0.00	\$41.43	\$41.43
Vision				
VSP (PPO)	VSR			
Single		\$0.00	\$10.87	\$10.87
Two-Party		\$9.21	\$10.87	\$20.08
Family		\$20.75	\$10.87	\$31.62
LIFE				
Mutual of Omaha	TRA	\$0.00	\$5.70	\$5.70

*Premiums will be deducted from paychecks January through December. No deductions will be taken on August or September checks.