



**EL RANCHO UNIFIED SCHOOL**  
**DISTRICT**  
**2022 Health Benefit Rate Summary**  
 Orange County

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

**CalPERS HMO Plans**

**Monthly Premiums (10 months)**

PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
<b>Anthem Select HMO</b>	<b>AHS</b>			
Single		\$0.00	\$854.92	\$854.92
Two-Party		\$0.00	\$1709.83	\$1,709.83
Family		\$422.78	\$1800.00	\$2,222.78
<b>Anthem Traditional HMO</b>	<b>AHT</b>			
Single		\$0.00	\$1208.56	\$1,208.56
Two-Party		\$617.11	\$1800.00	\$2,417.11
Family		\$1342.25	\$1800.00	\$3,142.25
<b>Blue Shield Access+</b>	<b>BSA</b>			
Single		\$0.00	\$1080.26	\$1080.26
Two-Party		\$360.53	\$1800.00	\$2,160.53
Family		\$1008.68	\$1800.00	\$2,808.68
<b>Blue Shield Trio</b>	<b>BST</b>			
Single		\$0.00	\$891.24	\$891.24
Two-Party		\$0.00	\$1782.48	\$1,782.48
Family		\$517.22	\$1800.00	\$2,317.22
<b>Health Net Salud Y MAS</b>	<b>HNM</b>			
Single		\$0.00	\$657.91	\$657.91
Two-Party		\$0.00	\$1315.82	\$1315.82
Family		\$0.00	\$1710.58	\$1,710.58
<b>Health Net SmartCare</b>	<b>HNR</b>			
Single		\$0.00	\$1014.83	\$1014.83
Two-Party		\$229.66	\$1800.00	\$2,029.66
Family		\$838.55	\$1800.00	\$2,638.55
<b>Kaiser CA</b>	<b>KFR</b>			
Single		\$0.00	\$847.22	\$847.22
Two-Party		\$0.00	\$1694.45	\$1,694.45
Family		\$402.78	\$1800.00	\$2,202.78
<b>UnitedHealth Care Alliance</b>	<b>UHC</b>			
Single		\$0.00	\$930.11	\$930.11
Two-Party		\$60.22	\$1800.00	\$1,860.22
Family		\$618.28	\$1800.00	\$2,418.28
<b>UnitedHealth Care Harmony*</b>	<b>UHR</b>			
Single		\$0.00	\$939.29	\$939.29
Two-Party		\$78.58	\$1800.00	\$1,878.58
Family		\$642.14	\$1800.00	\$2,442.14

\*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**

**Monthly Premiums (10 months)**

PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
<b>PERS Gold PPO*</b>				
	<b>APS</b>			
Single		\$0.00	\$705.34	\$705.34
Two-Party		\$0.00	\$1410.67	\$1,410.67
Family		\$33.88	\$1800.00	\$1,833.88
<b>PERS Platinum PPO**</b>				
	<b>PPL</b>			
Single		\$0.00	\$1058.62	\$1,058.62
Two-Party		\$317.23	\$1800.00	\$2,117.23
Family		\$952.40	\$1800.00	\$2,752.40

\*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**

**Monthly Premiums (10 months)**

PLAN TYPE	PLAN CODE	EMPLOYEE DEDUCTION	EMPLOYER CONTRIBUTION	TOTAL PREMIUM
<b>Dental</b>				
<b>Delta Premier</b>	<b>DER</b>			
Single		\$0.00	\$82.80	\$82.80
Two-Party		\$56.04	\$82.80	\$138.84
Family		\$115.32	\$82.80	\$198.12
<b>MetLife (HMO)</b>	<b>MET</b>	\$0.00	\$41.43	\$41.43
<b>Vision</b>				
<b>VSP (PPO)</b>	<b>VSR</b>			
Single		\$0.00	\$10.87	\$10.87
Two-Party		\$9.21	\$10.87	\$20.08
Family		\$20.75	\$10.87	\$31.62
<b>LIFE</b>				
<b>Mutual of Omaha</b>	<b>TRA</b>	\$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.