



EL RANCHO UNIFIED SCHOOL
DISTRICT
2022 Health Benefit Rate Summary
 Los Angeles County

CLASSIFIED & CERTIFICATED - PART TIME (4 - 5.75 HOURS)

Hire Date Prior to 1/1/2014 To Qualify

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		\$623.55	\$1000.00	\$1,623.55
Family		\$1110.62	\$1000.00	\$2,110.62
Anthem Traditional HMO	AHT			
Single		\$122.68	\$1000.00	\$1,122.68
Two-Party		\$1245.37	\$1000.00	\$2,245.37
Family		\$1918.98	\$1000.00	\$2,918.98
Blue Shield Access+	BSA			
Single		\$0.00	\$935.84	\$935.84
Two-Party		\$871.69	\$1000.00	\$1,871.69
Family		\$1433.19	\$1000.00	\$2,433.19
Blue Shield Trio	BST			
Single		\$0.00	\$801.76	\$801.76
Two-Party		\$603.51	\$1000.00	\$1,603.51
Family		\$1084.57	\$1000.00	\$2,084.57
Health Net Salud Y MAS	HNM			
Single		\$0.00	\$556.64	\$556.64
Two-Party		\$113.29	\$1000.00	\$1113.29
Family		\$447.27	\$1000.00	\$1,447.27
Health Net SmartCare	HNR			
Single		\$0.00	\$917.95	\$917.95
Two-Party		\$835.90	\$1000.00	\$1,835.90
Family		\$1386.68	\$1000.00	\$2,386.68
Kaiser CA	KFR			
Single		\$0.00	\$863.74	\$863.74
Two-Party		\$727.47	\$1000.00	\$1,727.47
Family		\$1245.72	\$1000.00	\$2,245.72
UnitedHealth Care Alliance	UHC			
Single		\$0.00	\$926.22	\$926.22
Two-Party		\$852.44	\$1000.00	\$1,852.44
Family		\$1408.17	\$1000.00	\$2,408.17
UnitedHealth Care Harmony*	UHR			
Single		\$0.00	\$857.14	\$857.14
Two-Party		\$714.27	\$1000.00	\$1,714.27
Family		\$1228.56	\$1000.00	\$2,228.56

*New Plan for 2022



CLASSIFIED & CERTIFICATED - PART TIME (4 - 5.75 HOURS)

Hire Date Prior to 1/1/2014 To Qualify

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		\$381.34	\$1000.00	\$1,381.34
Family		\$795.75	\$1000.00	\$1,795.75
PERS Platinum PPO**	PPL			
Single		\$36.04	\$1000.00	\$1,036.04
Two-Party		\$1072.09	\$1000.00	\$2,072.09
Family		\$1693.71	\$1000.00	\$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

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