



EL RANCHO UNIFIED SCHOOL
DISTRICT
2022 Health Benefit Rate Summary
 Orange 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	\$854.92	\$854.92
Two-Party		\$709.83	\$1000.00	\$1,709.83
Family		\$1222.78	\$1000.00	\$2,222.78
Anthem Traditional HMO	AHT			
Single		\$208.56	\$1000.00	\$1,208.56
Two-Party		\$1417.11	\$1000.00	\$2,417.11
Family		\$2142.25	\$1000.00	\$3,142.25
Blue Shield Access+	BSA			
Single		\$80.26	\$1000.00	\$1080.26
Two-Party		\$1160.53	\$1000.00	\$2,160.53
Family		\$1808.68	\$1000.00	\$2,808.68
Blue Shield Trio	BST			
Single		\$0.00	\$891.24	\$891.24
Two-Party		\$782.48	\$1000.00	\$1,782.48
Family		\$1317.22	\$1000.00	\$2,317.22
Health Net Salud Y MAS	HNM			
Single		\$0.00	\$657.91	\$657.91
Two-Party		\$315.82	\$1000.00	\$1315.82
Family		\$710.58	\$1000.00	\$1,710.58
Health Net SmartCare	HNR			
Single		\$14.83	\$1000.00	\$1014.83
Two-Party		\$1029.66	\$1000.00	\$2,029.66
Family		\$1638.55	\$1000.00	\$2,638.55
Kaiser CA	KFR			
Single		\$0.00	\$847.22	\$847.22
Two-Party		\$694.45	\$1000.00	\$1,694.45
Family		\$1202.78	\$1000.00	\$2,202.78
UnitedHealth Care Alliance	UHC			
Single		\$0.00	\$930.11	\$930.11
Two-Party		\$860.22	\$1000.00	\$1,860.22
Family		\$1418.28	\$1000.00	\$2,418.28
UnitedHealth Care Harmony*	UHR			
Single		\$0.00	\$939.29	\$939.29
Two-Party		\$878.58	\$1000.00	\$1,878.58
Family		\$1442.14	\$1000.00	\$2,442.14

*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	\$705.34	\$705.34
Two-Party		\$410.67	\$1000.00	\$1,410.67
Family		\$833.88	\$1000.00	\$1,833.88
PERS Platinum PPO**	PPL			
Single		\$58.62	\$1000.00	\$1,058.62
Two-Party		\$1117.23	\$1000.00	\$2,117.23
Family		\$1752.40	\$1000.00	\$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
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