

## Los Gatos Saratoga Union High School District

### Health Benefits Rate Matrix for January 1 through December 31, 2022

CalPERS Plan Name	Monthly Premiums								
	Employee ONLY	District Share	Employee Share	Employee + ONE	District Share	Employee Share	FAMILY	District Share	Employee Share
Anthem HMO Select	1,015.81	1,015.81	0.00	2,031.62	2,031.62	0.00	2,641.11	2,641.11	0.00
Anthem HMO Traditional	1,304.00	1,015.81	288.19	2,608.00	2,031.62	576.38	3,390.40	2,641.11	749.29
Blue Shield Access +	1,116.01	1,015.81	100.20	2,232.02	2,031.62	200.40	2,901.63	2,641.11	260.52
Blue Shield Trio <small>(Available in Santa Cruz County only)</small>	898.54	898.54	0.00	1,797.08	1,797.08	0.00	2,336.20	2,336.20	0.00
HealthNet SmartCare	1,153.00	1,015.81	137.19	2,306.00	2,031.62	274.38	2,997.80	2,641.11	356.69
Kaiser CA	857.06	857.06	0.00	1,714.12	1,714.12	0.00	2,228.36	2,228.36	0.00
PERS GOLD <small>(previously known as PERS Select)</small>	701.23	701.23	0.00	1,402.46	1,402.46	0.00	1,823.20	1,823.20	0.00
PERS Platinum <small>(previously known as PERSCare and PERS Choice)</small>	1,057.01	1,015.81	41.20	2,114.02	2,031.62	82.40	2,748.23	2,641.11	107.12

CAP amount is the Anthem HMO Select Plan Rate

Rates listed under Employee Share are based on 100% FTE

**Health Reimbursement Account (HRA):** \$125 per month for each full-time unit member (**Certificated and Confidential Staff**) and \$100 per month for each full-time unit member (**Classified and Administrative Staff**) will be provided to those employees enrolled in District's CalPERS Medical Plan.

10 month employees ➤ Double Deduction in May/June to pay for July/August

11 month employees ➤ Double Deduction in June to pay for August

**Certificated staff** > full benefits @ 80% FTE

**Classified staff** > full benefits @ 87.50% FTE