

## **2022 Monthly Insurance Contributions - Full Time**

	Cafeteria A (Amount subjec		Medical Allowance (Must enroll in a medical plan)	Opt-Out Allowance	Opt-Out Allowance
K&M	Hired on or before 4/12/2019 \$1,725.00	Hired on or after 4/13/2019 Match all premiums up to \$1,725.00 No Cash Back		Hired on or before 4/12/2019 \$1,000.00	Hired on or after 4/13/2019 \$500.00
CEA & Prof/Tech	Hired on or before 3/15/2019 \$1,725.00	Hired on or after 3/16/2019  Match all premiums up to \$1,725.00  No Cash Back		Hired on or before 3/15/2019 \$1,000.00	Hired on or after 3/16/2019 \$500.00
FMA	Hired on or before 6/21/2019 \$1,824.00	Hired on or after 6/22/2019 Match all premiums up to \$1,824.00 No Cash Back		Hired on or before 6/21/2019 \$1,000.00	Hired on or after 6/22/2019 \$500.00
FA	Hired on or before 12/31/2021 \$1,824.00	Hired on or after 1/1/2022 Match all premiums up to \$1,824.00	\$149.00	Hired on or before 12/31/2021 \$1,000.00	Hired on or after 1/1/2022 \$500.00
League	Hired on or before 1/28/2022 \$1,725.00	Hired on or after 1/29/2022 Match all premiums up to \$1,725.00 No Cash Back		Hired on or before 1/28/2022 \$1,000.00	Hired on or after 1/29/2022 \$500.00
LMA	Hired on or before 9/27/2019 \$1,645.00	Hired on or after 9/28/2019 Match all premiums up to \$1,645.00 No Cash Back		Hired on or before 9/27/2019 \$1,000.00	Hired on or after 9/28/2019 \$500.00
PA	Hired on or before 12/17/2021 \$1,524.00	Hired on or after 12/18/2021 Match all premiums up to \$1,524.00 No Cash Back		Hired on or before 12/17/2021 \$1,000.00	Hired on or after 12/18/2021 \$500.00
PMA	\$1,52	4.00		\$1,000.00	\$1,000.00



## **Monthly Insurance Premiums**

Basic	2021			2022							
Dasic	Single	2-Party	Family	Single	2-Party	Family					
Basic Premium Rates – REGION 2											
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare & Ventura											
Anthem Select HMO	\$674.69	\$1,349.38	\$1,754.19	\$712.43	\$1,424.86	\$1,852.32					
Anthem Traditional HMO	\$1,046.04	\$2,092.08	\$2,719.70	\$1,007.13	\$2,014.26	\$2,618.54					
Blue Shield Trio HMO	\$722.56	\$1,445.12	\$1,878.66	\$742.70	\$1,485.40	\$1,931.02					
Blue Shield Access + HMO	\$938.96	\$1,877.92	\$2,441.30	\$900.22	\$1,800.44	\$2,340.57					
Health Net Salud y Más HMO	\$458.66	\$917.32	\$1,192.52	\$548.26	\$1,096.52	\$1,425.48					
Health Net Smart Care HMO	\$769.11	\$1,538.22	\$1,999.69	\$845.69	\$1,691.38	\$2,198.79					
Kaiser HMO	\$669.77	\$1,339.54	\$1,741.40	\$706.02	\$1,412.04	\$1,835.65					
UnitedHealthcare Alliance HMO	\$723.84	\$1,447.68	\$1,881.98	\$775.09	\$1,550.18	\$2,015.23					
UnitedHealthcare Harmony HMO (New!)				\$782.74	\$1,565.48	\$2,035.12					
Sharp HMO (Services San Diego County)	\$632.27	\$1,264.54	\$1,643.90	\$699.21	\$1,398.42	\$1,817.95					
PERS Select PPO to PERS Gold PPO	\$476.92	\$953.84	\$1,239.99	\$587.78	\$1,175.56	\$1,528.23					
PERS Choice PPO to PERS Platinum PPO	\$783.19	\$1,566.38	\$2,036.29	\$882.18	\$1,764.36	\$2,293.67					
PERSCare PPO/PERS Platinum PPO	\$1,115.68	\$2,231.36	\$2,900.77								
PORAC PPO (Association Plan)	\$749.00	\$1,499.00	\$1,960.00	\$775.00	\$1,550.00	\$2,010.00					
Basic Premium Rates – REGION 3											
	_	San Bernardino	1			A					
Anthem Select HMO	\$639.10	\$1,278.20	\$1,661.66	\$676.48	\$1,352.96	\$1,758.85					
Anthem Traditional HMO	\$984.21	\$1,968.42	\$2,558.95	\$935.57	\$1,871.14	\$2,432.48					
Blue Shield Trio HMO	\$660.49	\$1,320.96	\$1,717.27	\$668.13	\$1,336.26	\$1,737.14					
Blue Shield Access + HMO	\$834.88	\$1,669.76	\$2,170.69	\$779.87	\$1,559.74	\$2,027.66					
Health Net Salud y Más HMO	\$412.88	\$825.76	\$1,073.49	\$463.87	\$927.74	\$1,206.06					
Health Net Smart Care HMO	\$691.48	\$1,382.96	\$1,797.85	\$764.96	\$1,529.92	\$1,988.90					
Kaiser HMO	\$669.84	\$1,339.68	\$1,741.58	\$719.78	\$1,439.56	\$1,871.43					
UnitedHealthcare Alliance HMO	\$720.89	\$1,441.78	\$1,874.31	\$771.85	\$1,543.70	\$2,006.81					
UnitedHealthcare Harmony HMO (New!)				\$714.28	\$1,428.56	\$1,857.13					
PERS Select PPO to PERS Gold PPO	\$459.94	\$919.88	\$1,195.84	\$575.56	\$1,151.12	\$1,496.46					
PERS Choice PPO to PERS Platinum PPO	\$761.23	\$1,522.46	\$1,979.20	\$863.37	\$1,726.74	\$2,244.76					
PERSCare PPO to PERS Platinum PPO	\$1036.07	\$2,072.14	\$2,693.78		·						
PORAC PPO (Association Plan)	\$725.00	\$1,450.00	\$1,894.00	\$775.00	\$1,475.00	\$1,894.00					
DENTAL & VISION – ALL REGIONS											
MetLife Rates for 2022 – No increase from 2021											
Dental HMO	\$14.03	\$26.65	\$37.17	\$14.03	\$26.65	\$37.17					
Dental PPO	\$54.57	\$111.04	\$152.69	\$54.57	\$111.04	\$152.69					
Vision PPO	\$8.76	\$16.79	\$23.99	\$8.76	\$16.79	\$23.99					



2022 Monthly Insurance Contributions - Full Time