

Management and NAPS Employer/Employee Paid Benefits for 2023			
Plan	Premium	Employer	Employee
<u>Kaiser Traditional HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	913.74	-	913.74
Single + 1 NEW ENROLLMENT	1,827.48	-	1,827.48
Family NEW ENROLLMENT	2,375.72	-	2,375.72
<u>Anthem Blue Cross Select HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,128.83	-	1,128.83
Single + 1 NEW ENROLLMENT	2,257.66	-	2,257.66
Family NEW ENROLLMENT	2,934.96	-	2,934.96
<u>Anthem Blue Cross Traditional HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,210.71	-	1,210.71
Single + 1 NEW ENROLLMENT	2,421.42	-	2,421.42
Family NEW ENROLLMENT	3,147.85	-	3,147.85
<u>Blue Shield Access + HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,035.21	-	1,035.21
Single + 1 NEW ENROLLMENT	2,070.42	-	2,070.42
Family NEW ENROLLMENT	2,691.55	-	2,691.55
<u>Health Net SmartCare HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,174.50	-	1,174.50
Single + 1 NEW ENROLLMENT	2,349.00	-	2,349.00
Family NEW ENROLLMENT	3,053.70	-	3,053.70
<u>United HealthCare Signature Alliance HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,044.07	-	1,044.07
Single + 1 NEW ENROLLMENT	2,088.14	-	2,088.14
Family NEW ENROLLMENT	2,714.58	-	2,714.58
<u>Western Health Advantage HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	760.17	-	760.17
Single + 1 NEW ENROLLMENT	1,520.34	-	1,520.34
Family NEW ENROLLMENT	1,976.44	-	1,976.44
<u>PERS Platinum PPO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,200.12	-	1,200.12
Single + 1 NEW ENROLLMENT	2,400.24	-	2,400.24
Family NEW ENROLLMENT	3,120.31	-	3,120.31
<u>PERS Gold PPO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	825.61	-	825.61
Single + 1 NEW ENROLLMENT	1,651.22	-	1,651.22
Family NEW ENROLLMENT	2,146.59	-	2,146.59
<u>VSP Vision</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Vision	10.70	10.70	0.00
<u>Delta Dental (High)</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	53.24	-	53.24
Single +1	106.48	-	106.48
Family	149.08	-	149.08
<u>Delta Dental (Low)</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	42.61	-	42.61
Single +1	86.53	-	86.53
Family	122.11	-	122.11
<u>Life</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Life	15.75	15.75	0.00

Vision has a negotiated employer contribution capped at \$13.09 per month.

**Not all plans are available in your county of residence. Please check the [www.calpers.ca.gov](http://www.calpers.ca.gov) website for availability in your area.**

Full time NCFT Employer/Employee Paid Benefits for December 2022 - June 2023 (Will need to be Pro-rated for less than full time)			
Plan	Premium	Employer	Employee
<u>Kaiser Traditional HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	913.74	425.00	488.74
Single + 1 NEW ENROLLMENT	1,827.48	730.00	1,097.48
Family NEW ENROLLMENT	2,375.72	955.00	1,420.72
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Anthem Blue Cross Select HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,128.83	425.00	703.83
Single + 1 NEW ENROLLMENT	2,257.66	730.00	1,527.66
Family NEW ENROLLMENT	2,934.96	955.00	1,979.96
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Anthem Blue Cross Traditional HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,210.71	425.00	785.71
Single + 1 NEW ENROLLMENT	2,421.42	730.00	1,691.42
Family NEW ENROLLMENT	3,147.85	955.00	2,192.85
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Blue Shield Access + HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,035.21	425.00	610.21
Single + 1 NEW ENROLLMENT	2,070.42	730.00	1,340.42
Family NEW ENROLLMENT	2,691.55	955.00	1,736.55
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Health Net SmartCare HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,174.50	425.00	749.50
Single + 1 NEW ENROLLMENT	2,349.00	730.00	1,619.00
Family NEW ENROLLMENT	3,053.70	955.00	2,098.70
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>United HealthCare Signature Alliance HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1044.07	425.00	619.07
Single + 1 NEW ENROLLMENT	2088.14	730.00	1,358.14
Family NEW ENROLLMENT	2714.58	955.00	1,759.58
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Western Health Advantage HMO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	760.17	425.00	335.17
Single + 1 NEW ENROLLMENT	1,520.34	730.00	790.34
Family NEW ENROLLMENT	1,976.44	955.00	1,021.44
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>PERS Platinum PPO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	1,200.12	425.00	775.12
Single + 1 NEW ENROLLMENT	2,400.24	730.00	1,670.24
Family NEW ENROLLMENT	3,120.31	955.00	2,165.31
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>PERS Gold PPO</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Single	825.61	425.00	400.61
Single + 1 NEW ENROLLMENT	1,651.22	730.00	921.22
Family NEW ENROLLMENT	2,146.59	955.00	1,191.59
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>VSP Vision</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Vision	10.70	10.70	0.00
<u>Plan</u>	<u>Premium</u>	<u>Employer</u>	<u>Employee</u>
<u>Delta Dental</u>	<u>12/1/2022</u>	<u>Cost</u>	<u>Cost</u>
Dental	99.57	99.57	0.00
<u>Cash In Lieu</u>		<u>Employer</u>	
Hire before 1-1-06		325.00	
Hired 1-1-06 and on		200.00	

For additional information about medical benefits, [Please Click Here](#)

Vision has a negotiated employer contribution capped at \$13.09 per month.

PERS Select is not accepted at Sutter Facilities or Sutter Providers

Not all plans are available in your county of residence. Please check the [www.calpers.ca.gov](http://www.calpers.ca.gov) website for availability in your area.

Full-time SEIU Employer/Employee Paid Benefits for 2023 (will need to be pro-rated for less than full-time)			
Plan	Premium	Employer	Employee
<b>Kaiser Traditional HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	913.74	730.99	182.75
Single + 1 NEW ENROLLMENT	1,827.48	730.99	1,096.49
Family NEW ENROLLMENT	2,375.72	730.99	1,644.73
Single + 1 GRANDFATHERED	1,827.48	738.48	1,089.00
Family GRANDFATHERED	2,375.72	950.32	1,425.40
<b>Anthem Blue Cross Select HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,128.83	730.99	397.84
Single + 1 NEW ENROLLMENT	2,257.66	730.99	1,526.67
Family NEW ENROLLMENT	2,934.96	730.99	2,203.97
Single + 1 GRANDFATHERED	2,257.66	738.48	1,519.18
Family GRANDFATHERED	2,934.96	950.32	1,984.64
<b>Anthem Blue Cross Traditional HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,210.71	730.99	479.72
Single + 1 NEW ENROLLMENT	2,421.42	730.99	1,690.43
Family NEW ENROLLMENT	3,147.85	730.99	2,416.86
Single + 1 GRANDFATHERED	2,421.42	738.48	1,682.94
Family GRANDFATHERED	3,147.85	950.32	2,197.53
<b>Blue Shield Access + HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,035.21	730.99	304.22
Single + 1 NEW ENROLLMENT	2,070.42	730.99	1,339.43
Family NEW ENROLLMENT	2,691.55	730.99	1,960.56
Single + 1 GRANDFATHERED	2,070.42	738.48	1,331.94
Family GRANDFATHERED	2,691.55	950.32	1,741.23
<b>Health Net SmartCare HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,174.50	730.99	443.51
Single + 1 NEW ENROLLMENT	2,349.00	730.99	1,618.01
Family NEW ENROLLMENT	3,053.70	730.99	2,322.71
Single + 1 GRANDFATHERED	2,349.00	738.48	1,610.52
Family GRANDFATHERED	3,053.70	950.32	2,103.38
<b>United HealthCare Signature Alliance HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,044.07	730.99	313.08
Single + 1 NEW ENROLLMENT	2,088.14	730.99	1,357.15
Family NEW ENROLLMENT	2,714.58	730.99	1,983.59
Single + 1 GRANDFATHERED	2,088.14	738.48	1,349.66
Family GRANDFATHERED	2,714.58	950.32	1,764.26
<b>Western Health Advantage HMO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	760.17	730.99	29.18
Single + 1 NEW ENROLLMENT	1,520.34	730.99	789.35
Family NEW ENROLLMENT	1,976.44	730.99	1,245.45
Single + 1 GRANDFATHERED	1,520.34	738.48	781.86
Family GRANDFATHERED	1,976.44	950.32	1,026.12
<b>PERS Platinum PPO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	1,200.12	730.99	469.13
Single + 1 NEW ENROLLMENT	2,400.24	730.99	1,669.25
Family NEW ENROLLMENT	3,120.31	730.99	2,389.32
Single + 1 GRANDFATHERED	2,400.24	738.48	1,661.76
Family GRANDFATHERED	3,120.31	950.32	2,169.99
<b>PERS Gold PPO</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Single	825.61	730.99	94.62
Single + 1 NEW ENROLLMENT	1,651.22	730.99	920.23
Family NEW ENROLLMENT	2,146.59	730.99	1,415.60
Single + 1 GRANDFATHERED	1,651.22	738.48	912.74
Family GRANDFATHERED	2,146.59	950.32	1,196.27
<b>VSP Vision</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Vision	10.70	10.70	0.00
<b>Delta Dental</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Dental	108.25	108.25	0.00
<b>Life</b>	<b>12/1/2022</b>	<b>Cost</b>	<b>Cost</b>
Life	2.25	2.25	0.00

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Single+1 and Family Grandfathered applies to members who were already enrolled as of 8/30/16.