## ROSS VALLEY SCHOOL DISTRICT Health & Welfare Benefit Comparison 2021-2022

		Monthly Amounts			
Medical Effective 1-1-22 ~ Dental Effective 10-1-21		Employee	Employee	Employee	
		Only	+ One	+ Two	% CHG
DENTAL (Mandatory) Delta Dental (Rates effective thru September 30, 2022)		67.92	135.86	197.01	0.00%
MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru (Mandatory ~ Waiver allowed) HMOs	12/31/22)				
Anthem Blue Cross HMO Traditional (CA CARE) Large Care	509	1,304.00	2,608.00	3,390.40	-0.30%
Anthem Blue Shield Access+		1,116.01	2,232.02	2,901.63	-4.62%
Kaiser HMO	533	857.06	1,714.12	2,228.36	5.34%
Health Net SmartCare HMO	528	1,153.00	2,306.00	2,997.80	2.93%
Western Health Advantage	591	741.26	1,482.52	1,927.28	-2.08%
PPOs					
PERS-Choice (Blue Cross PPO)	548	1,057.01	2,114.02	2,748.23	12.95%
PERS-Select (Blue Cross PPO - smaller network of providers)	557	701.23	1,402.46	1,823.20	23.75%
PERS-Care (Blue Cross PPO)	566	1,057.01	2,114.02	2,748.23	-18.36%
INCOME PROTECTION PLAN (Mandatory)					
The Standard Group Disability		Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental		924.98			

	Monthly Amounts			
Medical Effective 1-1-21 ~ Dental Effective 10-1-20	Employee	Employee	Employee	
	Only	+ One	+ Two	% CHG
DENTAL (Mandatory)				
Delta Dental (Rates effective thru September 30, 2021)	67.92	135.86	197.01	0.00%
MEDICAL UNDER PERS HEALTH BENEFIT (Rates effective thru 12/31/21)				
(Mandatory ~ Waiver allowed) HMOs				
Anthem Blue Cross HMO Traditional (CA CARE) Large Care	1,307.86	2,615.72	3,400.44	10.38%
Kaiser HMO	813.64	1,627.28	2,115.46	5.88%
Health Net SmartCare HMO	1,120.21	2,240.42	2,912.55	11.96%
Western Health Advantage	757.02	1,514.04	1,968.25	3.42%
PPOs		-		
PERS-Choice (Blue Cross PPO)	935.84	1,871.68	2,433.18	8.67%
PERS-Select (Blue Cross PPO - smaller network of providers)	566.67	1,133.34	1,473.34	8.91%
PERS-Care (Blue Cross PPO)	1,294.69	2,589.38	3,366.19	14.26%
INCOME PROTECTION PLAN (Mandatory)				
The Standard Maximum Premium	Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental	881.56			

## PLEASE NOTE:

Open Enrollment Dates for Medical: 9/20/21-10/15/21 There is No Open Enrollment for Dental Coverage

- Effective 1/1/20 District H&W Cap for Classified Employees: \$881.56/mo or \$10,578.72/yr plus Income Protection
- Effective 1/1/20 District H&W Cap for <u>Certificated</u> Employees: \$881.56/mo or \$10,578.72/yr plus Income Protection
- For all employees hired after 1/1/2001 the Cap is prorated by FTE

For more information:

- Anthem Blue Cross HMO Traditional www.anthem.com/ca/calpers or (855) 839-4524
- Kaiser Permanente <u>www.kp.org/calpers</u> or (800) 464-4000
- Health Net SmartCare www.healthnet.com/calpers or (888) 926-4921
- PERS Select, Choice, Care (Anthem Blue Cross) www.anthem.com/ca/calpers or (877) 737-7776
- Western Health Advantage <u>www.westernhealth.com/calpers</u> or (888) 942-7377
- CalPERS information & publications www.my.calpers.ca.gov or (888) 225-7377
- Health Benefits Summary https://www.calpers.ca.gov/docs/forms-publications/2021-health-benefit-summary.pdf