

## 2023 Calendar Year Monthly CalPERS Medical Premium Rates - Region 2

PLAN	Employee Only	Employee Contribution (Refund)	Employee +1	Employee Contribution (Refund)	Family	Employee Contribution (Refund)
HMO Health Net Salud y Más	\$698.91	(\$200.00)	\$1,397.82	(\$200.00)	\$1,817.17	(\$200.00)
PPO Anthem PERS Gold	\$695.93	(\$200.00)	\$1,391.86	(\$200.00)	\$1,809.42	(\$200.00)
HMO Sharp	\$764.96	(\$200.00)	\$1,529.92	(\$200.00)	\$1,988.90	(\$200.00)
HMO Kaiser Permanente	\$756.21	(\$200.00)	\$1,512.42	(\$200.00)	\$1,966.15	(\$200.00)
HMO Anthem Select	\$765.37	(\$200.00)	\$1,530.74	(\$200.00)	\$1,989.96	(\$200.00)
HMO Blue Shield Trio	\$760.71	(\$200.00)	\$1,521.42	(\$200.00)	\$1,977.85	(\$200.00)
HMO UnitedHealthcare	\$793.63	(\$200.00)	\$1,587.26	(\$200.00)	\$2,063.44	(\$200.00)
HMO Health Net SmartCare	\$834.65	(\$180.15)	\$1,669.30	(\$200.00)	\$2,170.09	(\$200.00)
HMO Blue Shield Access+	\$842.61	(\$172.19)	\$1,685.22	(\$200.00)	\$2,190.79	(\$200.00)
HMO Anthem Traditional	\$935.12	(\$79.68)	\$1,870.24	(\$159.36)	\$2,431.31	(\$200.00)
PPO Anthem PERS Platinum	\$1,014.80	\$0.00	\$2,029.60	\$0.00	\$2,638.48	\$0.00

**IMPORTANT**

All plans listed are available to all VCCCD employees who work in Ventura County.

Other plan options may be available to you based on your home zip code. Please see the 2023 CalPERS Health Benefit Summary for more information.

Those that are waiving coverage will receive a \$300 monthly reimbursement.