Soledad Unified School District Health Care

STA Premium Rates 2022- PRE 7/2017

For Employees Hired Before 07/01/17 (11 month rates) Based on Monterey County Rates

Rates: 1/1/2022 - 12/31/2022

	Member	Member + 1	Family
PERS Anthem HMO Select			
Premium	1,057.01	2,114.02	2,748.23
Premium Paid by the district	(1,057.01)	(1,849.77)	(2,325.43)
Monthly Premium Amount Due	0.00	288.27	461.24
PERS Platinum			
Premium	1,057.01	2,114.02	2,748.23
Premium Paid by the district	(1,057.01)	(1,849.77)	(2,325.43)
Monthly Premium Amount Due	0.00	288.27	461.24
PERS Gold			
Premium	701.23	1,402.46	1,823.20
Premium Paid by the district	(1,057.01)	(1,849.77)	(2,325.43)
Monthly Premium Amount Due	(388.12)	(487.97)	(547.89)
Dental			
Premium	60.30	112.40	194.30
Premium Paid by the district	(60.30)	(60.30)	(60.30)
Monthly Premium Amount Due	0.00	56.84	146.18
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Vision			
Premium	12.00	20.10	36.10
Premium Paid by the district	(12.00)	(12.00)	(12.00)
Monthly Premium Amount Due	0.00	8.84	26.29
Monthly Premium Amount Due Monthly Premium Amount Due	0.00	0.04	20.25