



REGION 1

2020 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/19 to 11/30/20; Insurance Effective on 1/1/20

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY	*MANDATORY			
				Eff 9-30-18	eff 3-1-15			
	SINGLE	1	\$ 768.49	\$142.35	\$ 25.00	\$ 935.84	\$ -	\$ 935.84
	2-PARTY	2	\$ 1,536.98	\$142.35	\$ 25.00	\$ 1,704.33	\$ -	\$ 1,704.33
	FAMILY	3	\$ 1,998.07	\$142.35	\$ 25.00	\$ 2,165.42	\$ -	\$ 2,165.42
Blue Shield Access+	HMO							
	SINGLE	1	\$ 1,127.77	\$142.35	\$ 25.00	\$ 1,295.12	\$ -	\$ 1,295.12
	2-PARTY	2	\$ 2,255.54	\$142.35	\$ 25.00	\$ 2,422.89	\$ -	\$ 2,422.89
	FAMILY	3	\$ 2,932.20	\$142.35	\$ 25.00	\$ 3,099.55	\$ -	\$ 3,099.55
Blue Shield TRIO	HMO							
	SINGLE	1	\$ 833.00	\$142.35	\$ 25.00	\$ 1,000.35	\$ -	\$ 1,000.35
	2-PARTY	2	\$ 1,666.00	\$142.35	\$ 25.00	\$ 1,833.35	\$ -	\$ 1,833.35
	FAMILY	3	\$ 2,165.80	\$142.35	\$ 25.00	\$ 2,333.15	\$ -	\$ 2,333.15
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 861.18	\$142.35	\$ 25.00	\$ 1,028.53	\$ -	\$ 1,028.53
	2-PARTY	2	\$ 1,722.36	\$142.35	\$ 25.00	\$ 1,889.71	\$ -	\$ 1,889.71
	FAMILY	3	\$ 2,239.07	\$142.35	\$ 25.00	\$ 2,406.42	\$ -	\$ 2,406.42
PERS Select	PPO 80/20							
	SINGLE	1	\$ 520.29	\$142.35	\$ 25.00	\$ 687.64	\$ -	\$ 687.64
	2-PARTY	2	\$ 1,040.58	\$142.35	\$ 25.00	\$ 1,207.93	\$ -	\$ 1,207.93
	FAMILY	3	\$ 1,352.75	\$142.35	\$ 25.00	\$ 1,520.10	\$ -	\$ 1,520.10
PERS Care	PPO 90/10							
	SINGLE	1	\$ 1,133.14	\$142.35	\$ 25.00	\$ 1,300.49	\$ -	\$ 1,300.49
	2-PARTY	2	\$ 2,266.28	\$142.35	\$ 25.00	\$ 2,433.63	\$ -	\$ 2,433.63
	FAMILY	3	\$ 2,946.16	\$142.35	\$ 25.00	\$ 3,113.51	\$ -	\$ 3,113.51



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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
				*MANDATORY	*MANDATORY			
Anthem HMO Select								
	HMO PLAN							
	SELF	1	\$ 868.98	\$ 142.35	\$ 25.00	\$ 1,036.33	\$ -	\$ 1,036.33
	SELF + 1 DEPENDENT	2	\$ 1,737.96	\$ 142.35	\$ 25.00	\$ 1,905.31	\$ -	\$ 1,905.31
	SELF + DEPENDENTS	3	\$ 2,259.35	\$ 142.35	\$ 25.00	\$ 2,426.70	\$ -	\$ 2,426.70
Anthem HMO Traditional								
	HMO PLAN							
	SELF	1	\$ 1,184.84	\$ 142.35	\$ 25.00	\$ 1,352.19	\$ -	\$ 1,352.19
	SELF + 1 DEPENDENT	2	\$ 2,369.68	\$ 142.35	\$ 25.00	\$ 2,537.03	\$ -	\$ 2,537.03
	SELF + DEPENDENTS	3	\$ 3,080.58	\$ 142.35	\$ 25.00	\$ 3,247.93	\$ -	\$ 3,247.93
United HealthCare								
	HMO PLAN							
	SELF	1	\$ 899.94	\$ 142.35	\$ 25.00	\$ 1,067.29	\$ -	\$ 1,067.29
	SELF + 1 DEPENDENT	2	\$ 1,799.88	\$ 142.35	\$ 25.00	\$ 1,967.23	\$ -	\$ 1,967.23
	SELF + DEPENDENTS	3	\$ 2,339.84	\$ 142.35	\$ 25.00	\$ 2,507.19	\$ -	\$ 2,507.19
Health Net SmartCare								
	HMO PLAN							
	SELF	1	\$ 1,000.52	\$ 142.35	\$ 25.00	\$ 1,167.87	\$ -	\$ 1,167.87
	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$ 142.35	\$ 25.00	\$ 2,168.39	\$ -	\$ 2,168.39
	SELF + DEPENDENTS	3	\$ 2,601.35	\$ 142.35	\$ 25.00	\$ 2,768.70	\$ -	\$ 2,768.70
Western Health Advantage								
	HMO PLAN							
	SELF	1	\$ 731.96	\$ 142.35	\$ 25.00	\$ 899.31	\$ -	\$ 899.31
	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$ 142.35	\$ 25.00	\$ 1,631.27	\$ -	\$ 1,631.27
	SELF + DEPENDENTS	3	\$ 1,903.10	\$ 142.35	\$ 25.00	\$ 2,070.45	\$ -	\$ 2,070.45

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.Dental and Vision plans require 100% participation for full -time employees *

.Waiving medical coverage requires completing a HEALTH ENROLLMENT form

.District contributions are subject to change due to on-going bargaining group negotiations**

Basic Premiums - REGION 1 (plans are by Zip Code)

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, San Mateo, San Francisco, San Joaquin, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba