



**REGION 1
2020 MATRIX**

0.5312

CSEA 4.5 HOUR EMPLOYEES WITH 2020 CAP

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

PAYROLL USE
ONLY

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
					eff 10-1-18	eff 1-1-15		applied to Health 1st			
22 4030											
KAISER		HMO									
KP01	E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$450.00	\$451.19	\$318.49	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00	\$1,669.68	\$450.00	\$1,219.68	\$1,086.98	\$450.00
F20		SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$450.00	\$1,680.77	\$1,548.07	\$450.00
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$450.00	\$810.47	\$677.77	\$450.00
D20		SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$450.00	\$1,938.24	\$1,805.54	\$450.00
F20		SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$450.00	\$2,614.90	\$2,482.20	\$450.00
BLUE SHIELD TRIO		HMO									
E20		SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$450.00	\$515.70	\$383.00	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$450.00	\$1,348.70	\$1,216.00	\$450.00
F20		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$450.00	\$1,848.50	\$1,715.80	\$450.00
41 4040											
Athem Blue Cross-CHOICE		PERS	PPO 80/20								
CH01	E20	SELF	1	\$861.18	\$107.70	\$25.00	\$993.88	\$450.00	\$543.88	\$411.18	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,722.36	\$107.70	\$25.00	\$1,855.06	\$450.00	\$1,405.06	\$1,272.36	\$450.00
F20		SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,371.77	\$450.00	\$1,921.77	\$1,789.07	\$450.00
42 4050											
PERS SELECT		PPO 80/20									
SE01	E20	SELF	1	\$520.29	\$107.70	\$25.00	\$652.99	\$450.00	\$202.99	\$70.29	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,040.58	\$107.70	\$25.00	\$1,173.28	\$450.00	\$723.28	\$590.58	\$450.00
F20		SELF + DEPENDENTS	3	\$1,352.75	\$107.70	\$25.00	\$1,485.45	\$450.00	\$1,035.45	\$902.75	\$450.00
43 4060											
PERS CARE		PPO 90/10									
CA01	E20	SELF	1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$450.00	\$815.84	\$683.14	\$450.00
D20		SELF + 1 DEPENDENT	2	\$2,266.28	\$107.70	\$25.00	\$2,398.98	\$450.00	\$1,948.98	\$1,816.28	\$450.00
F20		SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$450.00	\$2,628.86	\$2,496.16	\$450.00

rates are subject to change throughout the year

* 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.



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2020 MATRIX**

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Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$450.00	\$551.68	\$418.98	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$450.00	\$1,420.66	\$1,287.96	\$450.00
F20		SELF + DEPENDENTS	3	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$450.00	\$1,942.05	\$1,809.35	\$450.00
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$450.00	\$867.54	\$734.84	\$450.00
D20		SELF + 1 DEPENDENT	2	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$450.00	\$2,052.38	\$1,919.68	\$450.00
F20		SELF + DEPENDENTS	3	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$450.00	\$2,763.28	\$2,630.58	\$450.00
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$899.94	\$107.70	\$25.00	\$1,032.64	\$450.00	\$582.64	\$449.94	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$450.00	\$1,482.58	\$1,349.88	\$450.00
F20		SELF + DEPENDENTS	3	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$450.00	\$2,022.54	\$1,889.84	\$450.00
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$450.00	\$683.22	\$550.52	\$450.00
D20		SELF + 1 DEPENDENT	2	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$450.00	\$1,683.74	\$1,551.04	\$450.00
F20		SELF + DEPENDENTS	3	\$2,601.35	\$107.70	\$25.00	\$2,734.05	\$450.00	\$2,284.05	\$2,151.35	\$450.00
Western Health Advantage		HMO									
WHA	E20	SELF	1	\$731.96	\$107.70	\$25.00	\$864.66	\$450.00	\$414.66	\$281.96	\$450.00
D20		SELF + 1 DEPENDENT	2	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$450.00	\$1,146.62	\$1,013.92	\$450.00
F20		SELF + DEPENDENTS	3	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$450.00	\$1,585.80	\$1,453.10	\$450.00

rates are subject to change throughout the year

- .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,

for more information go to www.calpers.ca.gov and click on Health Plan Information