PAYROLL USE ONLY

REGION 1 2020 MATRIX

CSEA 4 HOUR EMPLOYEES WITH 2020 CAP

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

Part	Tripled School District							EE	ER			
Note	MEDICAL PROVIDER	PLAN	TIERS	MEDICAL			TOTAL	CAP	COST PER	Health	Health	
KAISER	22 4030				eff 10-1-18	eff 1-1-15	4	applied to Health 1st				
SELF + 1 DEPENDENTS 2 \$1,536.98 \$107.70 \$25.00 \$1,669.68 \$400.00 \$1,269.68 \$1,136.98 \$400.00 SELF + DEPENDENTS 3 \$1,988.07 \$107.70 \$25.00 \$2,130.77 \$400.00 \$1,730.77 \$1,598.07 \$400.00 SELF + DEPENDENTS 3 \$1,988.07 \$107.70 \$25.00 \$2,130.77 \$400.00 \$860.47 \$727.77 \$400.00 SELF + 1 DEPENDENTS 3 \$2,255.54 \$107.70 \$25.00 \$2,388.24 \$400.00 \$2,664.90 SELF + DEPENDENTS 3 \$2,932.20 \$107.70 \$25.00 \$3,064.90 \$400.00 \$2,664.90 SELF + DEPENDENTS 3 \$2,932.20 \$107.70 \$25.00 \$3,064.90 \$400.00 \$2,664.90 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$2,598.50 \$400.00 \$3,988.24 \$400.00 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$2,985.0 \$400.00 \$1,398.70 \$1,266.00 \$400.00 SELF + DEPENDENTS 3 \$2,165.80 \$107.70 \$25.00 \$2,985.0 \$400.00 \$1,398.70 \$1,266.00 \$400.00 SELF + DEPENDENTS 3 \$2,165.80 \$107.70 \$25.00 \$2,985.0 \$400.00 \$1,398.70 \$1,765.80 \$400.00 SELF + DEPENDENTS 3 \$2,165.80 \$107.70 \$25.00 \$2,998.50 \$400.00 \$1,398.50 \$1,765.80 \$400.00 SELF + DEPENDENTS 3 \$2,239.07 \$107.70 \$25.00 \$993.88 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,455.06 \$400.00 \$1,265.80 \$1,265.		НМО										
SELF + I DEPENDENTS 2 \$1,536.98 \$107.70 \$25.00 \$1,669.68 \$400.00 \$1,269.68 \$1,136.98 \$400.00 SELF + DEPENDENTS 3 \$1,988.07 \$107.70 \$25.00 \$2,130.77 \$400.00 \$1,730.77 \$1,598.07 \$400.00 SELF + DEPENDENTS 3 \$1,127.77 \$107.70 \$25.00 \$1,260.47 \$400.00 \$860.47 \$727.77 \$400.00 SELF + DEPENDENTS 3 \$2,255.54 \$107.70 \$25.00 \$2,388.24 \$400.00 \$2,664.90 SELF + DEPENDENTS 3 \$2,255.54 \$107.70 \$25.00 \$3,064.90 \$400.00 \$2,664.90 SELF + DEPENDENTS 3 \$2,255.54 \$107.70 \$25.00 \$3,064.90 \$400.00 \$2,664.90 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$1,798.70 \$400.00 \$1,988.24 \$1,855.54 \$400.00 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$3,064.90 \$1,400.00 \$1,400.00 \$1,400.00 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$1,798.70 \$400.00 \$1,398.70 \$1,266.00 \$400.00 SELF + DEPENDENTS 2 \$1,666.00 \$107.70 \$25.00 \$2,985.0 \$400.00 \$1,398.70 \$1,266.00 \$400.00 SELF + DEPENDENTS 2 \$1,722.36 \$107.70 \$25.00 \$993.88 \$400.00 \$1,398.80 \$1,765.80 \$400.00 SELF + DEPENDENTS 3 \$2,239.07 \$107.70 \$25.00 \$993.88 \$400.00 \$1,455.06 \$1,265.80 \$	KP01 E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$400.00	\$501.19	\$368.49	\$400.00	
BLUE SHIELD ACCESS	D20	SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00		\$400.00	\$1,269.68	\$1,136.98	\$400.00	
BLUE SHIELD ACCESS HMO SELF + 1 DEPENDENTS 2 \$2,255.54 \$107.70 \$25.00 \$1,260.47 \$400.00 \$860.47 \$727.77 \$400.00 \$1,000.00	F20	SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$400.00	\$1,730.77	\$1,598.07	\$400.00	
RAMI F20 SELF 1				" ,						. ,		
D20	BLUE SHIELD ACCESS											
SELF + DEPENDENTS 3 \$2,932.20 \$107.70 \$25.00 \$3,064.90 \$400.00 \$2,664.90 \$2,532.20 \$400.00 \$107.00 \$2.	BA01 E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$400.00	\$860.47	\$727.77	\$400.00	
BLUE SHIELD TRIO HMO SELF 1 \$83.00 \$107.70 \$25.00 \$965.70 \$400.00 \$565.70 \$433.00 \$400.00 \$102.00 \$100.00	D20	SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$400.00	\$1,988.24	\$1,855.54	\$400.00	
SELF 1	F20	SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$400.00	\$2,664.90	\$2,532.20	\$400.00	
SELF + 1 DEPENDENT 2 \$1,666.00 \$107.70 \$25.00 \$1,798.70 \$400.00 \$1,398.70 \$1,266.00 \$400.00 \$1,000.00	BLUE SHIELD TRIO	HMO										
Self + Dependents 3 \$2,165.80 \$107.70 \$25.00 \$2,298.50 \$400.00 \$1,898.50 \$1,765.80 \$400.00 \$1,898.50 \$1,765.80 \$400.00 \$1,898.50 \$1,765.80 \$400.00 \$1,898.50 \$1,765.80 \$400.00 \$1,898.50 \$1,765.80 \$1,765.	E20	SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$400.00	\$565.70	\$433.00	\$400.00	
Athem Bluc Cross PERS CHOICE PPO 80/20 CHOI E20 SELF 1 DEPENDENT 2 \$1,722.36 \$107.70 \$25.00 \$993.88 \$400.00 \$593.88 \$461.18 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$400.00 \$1,455.06 \$1,322.36 \$1,00.00 \$1,	D20	SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$400.00	\$1,398.70	\$1,266.00	\$400.00	
Athem Blue Cross PERS PERS CHOICE PPO 80/20 CH01 E20 SELF 1 \$861.18 \$107.70 \$25.00 \$993.88 \$400.00 \$593.88 \$461.18 \$400.00 D20 SELF + 1 DEPENDENT 2 \$1,722.36 \$107.70 \$25.00 \$1,855.06 \$400.00 \$1,455.06 \$1,322.36 \$400.00 F20 SELF + DEPENDENTS 3 \$2,239.07 \$107.70 \$25.00 \$2,371.77 \$400.00 \$1,859.07 \$400.00 PERS SELECT PPO 80/20 SELF 1 \$520.29 \$107.70 \$25.00 \$652.99 \$400.00 \$252.99 \$400.00 D20 SELF + 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$400.00 F20 SELF + DEPENDENT 3 \$1,352.75 \$107.70 \$25.00 \$1,485.45 \$400.00 \$773.28 \$640.58 \$400.00 PERS CARE PPO 90/10 PPO 90/10 <td colspa<="" td=""><td></td><td>SELF + DEPENDENTS</td><td>3</td><td>\$2,165.80</td><td>\$107.70</td><td>\$25.00</td><td>\$2,298.50</td><td>\$400.00</td><td>\$1,898.50</td><td>\$1,765.80</td><td>\$400.00</td></td>	<td></td> <td>SELF + DEPENDENTS</td> <td>3</td> <td>\$2,165.80</td> <td>\$107.70</td> <td>\$25.00</td> <td>\$2,298.50</td> <td>\$400.00</td> <td>\$1,898.50</td> <td>\$1,765.80</td> <td>\$400.00</td>		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$400.00	\$1,898.50	\$1,765.80	\$400.00
CHOICE PPO 80/20 CHOI E20		N.O.										
SELF 1 \$861.18 \$107.70 \$25.00 \$993.88 \$400.00 \$593.88 \$461.18 \$400.00												
D20			1	\$0.71.10	\$107.70	#25 00	\$002.00	\$400.00	Ф г 02 00	#471 10	# 400.00	
F20 SELF + DEPENDENTS 3 \$2,239.07 \$107.70 \$25.00 \$2,371.77 \$400.00 \$1,971.77 \$1,839.07 \$400.00 \$42 4050 \$PERS SELECT PPO 80/20 \$ELF 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$773.14 \$400.00 \$773.28 \$773.14 \$400.00 \$773.28 \$773.14 \$400.00 \$773.28 \$773.14 \$400.00 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.14 \$773.28 \$773.28 \$773.14 \$773.28 \$			1	-						-		
PERS SELECT PPO 80/20 SE01 E20 SELF 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$652.99 \$400.00 \$773.28 \$640.58 \$7733.14 \$400.00 \$773.28 \$7733.14 \$400.00 \$773.28 \$7733.14 \$400.00 \$773.28 \$7733.14 \$773.1					"							
PERS SELECT PPO 80/20 SE01 E20 SELF 1 \$520.29 \$107.70 \$25.00 \$652.99 \$400.00 \$252.99 \$120.29 \$400.00 D20 SELF + 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$400.00 F20 SELF + DEPENDENTS 3 \$1,352.75 \$107.70 \$25.00 \$1,485.45 \$400.00 \$1,085.45 \$952.75 \$400.00 PERS CARE PPO 90/10 CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00	F20	SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,3/1.//	\$400.00	\$1,9/1.//	\$1,839.07	\$400.00	
PERS SELECT PPO 80/20 SE01 E20 SELF 1 \$520.29 \$107.70 \$25.00 \$652.99 \$400.00 \$252.99 \$120.29 \$400.00 D20 SELF + 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$400.00 F20 SELF + DEPENDENTS 3 \$1,352.75 \$107.70 \$25.00 \$1,485.45 \$400.00 \$1,085.45 \$952.75 \$400.00 PERS CARE PPO 90/10 CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00	42 4050											
SE01 E20 SELF 1 \$520.29 \$107.70 \$25.00 \$652.99 \$400.00 \$252.99 \$120.29 \$400.00 D20 SELF + 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$400.00 F20 SELF + DEPENDENTS 3 \$1,352.75 \$107.70 \$25.00 \$1,485.45 \$400.00 \$1,085.45 \$952.75 \$400.00 PERS CARE PPO 90/10 CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00	PERS SELECT	PPO 80/20										
D20 SELF + 1 DEPENDENT 2 \$1,040.58 \$107.70 \$25.00 \$1,173.28 \$400.00 \$773.28 \$640.58 \$400.00 \$1,085.45 \$952.75 \$400.00 \$1,085.45 \$952.75 \$400.00 \$1,085.45 \$107.70 \$25.00 \$1,485.45 \$107.70 \$25.00 \$1,485.45 \$107.70 \$1,085.45 \$1,0	SE01 E20		1	\$520.29	\$107.70	\$25.00	\$652.99	\$400.00	\$252.99	\$120.29	\$400.00	
F20 SELF + DEPENDENTS 3 \$1,352.75 \$107.70 \$25.00 \$1,485.45 \$400.00 \$1,085.45 \$952.75 \$400.00 \$1,085.45 \$952.75 \$400.00 \$1,085.45 \$1,085.	D20	SELF + 1 DEPENDENT	2							_		
Here the second of the second	F20	SELF + DEPENDENTS		\$1,352.75	\$107.70		\$1,485.45	\$400.00		\$952.75		
PERS CARE PPO 90/10 CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00				" 9	"		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		" ,			
CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00	43 4060											
CA01 E20 SELF 1 \$1,133.14 \$107.70 \$25.00 \$1,265.84 \$400.00 \$865.84 \$733.14 \$400.00 D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00	PERS CARE	PPO 90/10										
D20 SELF + 1 DEPENDENT 2 \$2,266.28 \$107.70 \$25.00 \$2,398.98 \$400.00 \$1,998.98 \$1,866.28 \$400.00			1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$400.00	\$865.84	\$733.14	\$400.00	
		SELF + 1 DEPENDENT	2		"	-		\$400.00	\$1,998.98	\$1,866.28		
	F20	SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$400.00	\$2,678.86	\$2,546.16	\$400.00	

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.



REGION 1 2020 MATRIX

CSEA 4 HOUR EMPLOYEES WITH 2020 CAP

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

PAYROLI	L USE
ONL	Υ
EE	ER

						BENEFITS	DISTRICT	EMPLOYEE COST PER	EE Health	ER Health
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	TOTAL	CAP	MONTH	Cost	Cost
				eff 10-1-18	eff 1-1-15	:	applied to Health 1st			
Anthem HMO Select	НМО									
AHS1 E20	SELF	1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$400.00	\$601.68	\$468.98	\$400.00
D20	SELF + 1 DEPENDENT	2	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$400.00	\$1,470.66	\$1,337.96	\$400.00
F20	SELF + DEPENDENTS	3	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$400.00	\$1,992.05	\$1,859.35	\$400.00
1 20	SEEL DELENDENTS	3	Ψ2,237.33	Ψ107.70	¥25.00	φ 2 ,57 2 .03	Ψ100.00	Ψ1,772.03	Ψ1,037.33	\$ 100.00
Anthem HMO Traditional	HMO									
AHT1 E20	SELF	1	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$400.00	\$917.54	\$784.84	\$400.00
D20	SELF + 1 DEPENDENT	2	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$400.00	\$2,102.38	\$1,969.68	\$400.00
F20	SELF + DEPENDENTS	3	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$400.00	\$2,813.28	\$2,680.58	\$400.00

United HealthCare	HMO PLAN									
UN01 E20	SELF	1	\$899.94	\$107.70	\$25.00	\$1,032.64	\$400.00	\$632.64	\$499.94	\$400.00
D20	SELF + 1 DEPENDENT	2	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$400.00	\$1,532.58	\$1,399.88	\$400.00
F20	SELF + DEPENDENTS	3	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$400.00	\$2,072.54	\$1,939.84	\$400.00
HealthNet SmartCare	HMO PLAN									
HN01 E20	SELF	1	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$400.00	\$733.22	\$600.52	\$400.00
D20	SELF + 1 DEPENDENT	2	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$400.00	\$1,733.74	\$1,601.04	\$400.00
F20	SELF + DEPENDENTS	3	\$2,601.04	\$107.70	\$25.00	\$2,734.05	\$400.00	\$2,334.05	\$2,201.35	\$400.00
F20	SELF + DEFENDENTS	<i>J</i>	φ2,001.33	\$107.70	\$25.00	φ 2 ,734.03	φ+00.00	\$2,55 4.05	\$2,201.33	\$400.00
Western Health Advantage	e HMO									
WHA E20	SELF	1	\$731.96	\$107.70	\$25.00	\$864.66	\$400.00	\$464.66	\$331.96	\$400.00
D20	SELF + 1 DEPENDENT	2	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$400.00	\$1,196.62	\$1,063.92	\$400.00
F20	SELF + DEPENDENTS	3	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$400.00	\$1,635.80	\$1,503.10	\$400.00
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rates are subject to change throughout the year

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,

[.]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**