



**REGION 1
2020 MATRIX**

0.9062

CSEA 7.5 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 | \$768.49 | \$107.70 | \$25.00 | \$901.19 | \$750.00 | \$151.19 | \$18.49 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | \$1,536.98 | \$107.70 | \$25.00 | \$1,669.68 | \$750.00 | \$919.68 | \$786.98 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$1,998.07 | \$107.70 | \$25.00 | \$2,130.77 | \$750.00 | \$1,380.77 | \$1,248.07 | \$750.00 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | |
| BA01 | E20 | SELF | \$1,127.77 | \$107.70 | \$25.00 | \$1,260.47 | \$750.00 | \$510.47 | \$377.77 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | \$2,255.54 | \$107.70 | \$25.00 | \$2,388.24 | \$750.00 | \$1,638.24 | \$1,505.54 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$2,932.20 | \$107.70 | \$25.00 | \$3,064.90 | \$750.00 | \$2,314.90 | \$2,182.20 | \$750.00 |
| BLUE SHIELD TRIO HMO | | | | | | | | | | |
| E20 | | SELF | \$833.00 | \$107.70 | \$25.00 | \$965.70 | \$750.00 | \$215.70 | \$83.00 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | \$1,666.00 | \$107.70 | \$25.00 | \$1,798.70 | \$750.00 | \$1,048.70 | \$916.00 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$2,165.80 | \$107.70 | \$25.00 | \$2,298.50 | \$750.00 | \$1,548.50 | \$1,415.80 | \$750.00 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross-PERS CHOICE PPO 80/20 | | | | | | | | | | |
| CH01 | E20 | SELF | \$861.18 | \$107.70 | \$25.00 | \$993.88 | \$750.00 | \$243.88 | \$111.18 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | \$1,722.36 | \$107.70 | \$25.00 | \$1,855.06 | \$750.00 | \$1,105.06 | \$972.36 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$2,239.07 | \$107.70 | \$25.00 | \$2,371.77 | \$750.00 | \$1,621.77 | \$1,489.07 | \$750.00 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | |
| SE01 | E20 | SELF | \$520.29 | \$107.70 | \$25.00 | \$652.99 | \$750.00 | \$0.00 | \$0.00 | \$520.29 |
| D20 | | SELF + 1 DEPENDENT | \$1,040.58 | \$107.70 | \$25.00 | \$1,173.28 | \$750.00 | \$423.28 | \$290.58 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$1,352.75 | \$107.70 | \$25.00 | \$1,485.45 | \$750.00 | \$735.45 | \$602.75 | \$750.00 |
| 43 4060 | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | |
| CA01 | E20 | SELF | \$1,133.14 | \$107.70 | \$25.00 | \$1,265.84 | \$750.00 | \$515.84 | \$383.14 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | \$2,266.28 | \$107.70 | \$25.00 | \$2,398.98 | \$750.00 | \$1,648.98 | \$1,516.28 | \$750.00 |
| F20 | | SELF + DEPENDENTS | \$2,946.16 | \$107.70 | \$25.00 | \$3,078.86 | \$750.00 | \$2,328.86 | \$2,196.16 | \$750.00 |

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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| 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 | | | |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$868.98 | \$107.70 | \$25.00 | \$1,001.68 | \$750.00 | \$251.68 | \$118.98 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,737.96 | \$107.70 | \$25.00 | \$1,870.66 | \$750.00 | \$1,120.66 | \$987.96 | \$750.00 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,259.35 | \$107.70 | \$25.00 | \$2,392.05 | \$750.00 | \$1,642.05 | \$1,509.35 | \$750.00 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,184.84 | \$107.70 | \$25.00 | \$1,317.54 | \$750.00 | \$567.54 | \$434.84 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$2,369.68 | \$107.70 | \$25.00 | \$2,502.38 | \$750.00 | \$1,752.38 | \$1,619.68 | \$750.00 |
| F20 | | SELF + DEPENDENTS | 3 | \$3,080.58 | \$107.70 | \$25.00 | \$3,213.28 | \$750.00 | \$2,463.28 | \$2,330.58 | \$750.00 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$899.94 | \$107.70 | \$25.00 | \$1,032.64 | \$750.00 | \$282.64 | \$149.94 | \$0.00 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,799.88 | \$107.70 | \$25.00 | \$1,932.58 | \$750.00 | \$1,182.58 | \$1,049.88 | \$0.00 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,339.84 | \$107.70 | \$25.00 | \$2,472.54 | \$750.00 | \$1,722.54 | \$1,589.84 | \$0.00 |
| HealthNet SmartCare HMO PLAN | | | | | | | | | | | |
| HN01 | E20 | SELF | 1 | \$1,000.52 | \$107.70 | \$25.00 | \$1,133.22 | \$750.00 | \$383.22 | \$250.52 | \$750.00 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$2,001.04 | \$107.70 | \$25.00 | \$2,133.74 | \$750.00 | \$1,383.74 | \$1,251.04 | \$750.00 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,601.35 | \$107.70 | \$25.00 | \$2,734.05 | \$750.00 | \$1,984.05 | \$1,851.35 | \$750.00 |
| Western Health Advantage HMO | | | | | | | | | | | |
| WHA | E20 | SELF | 1 | \$731.96 | \$107.70 | \$25.00 | \$864.66 | \$750.00 | \$114.66 | \$0.00 | \$731.96 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,463.92 | \$107.70 | \$25.00 | \$1,596.62 | \$750.00 | \$846.62 | \$713.92 | \$750.00 |
| F20 | | SELF + DEPENDENTS | 3 | \$1,903.10 | \$107.70 | \$25.00 | \$2,035.80 | \$750.00 | \$1,285.80 | \$1,153.10 | \$750.00 |

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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