



**REGION 1  
2020 MATRIX**

0.8437

**CSEA 7 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										
<b>KAISER HMO</b>										
KP01	E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$700.00	\$201.19	\$68.49 \$700.00
D20		SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00	\$1,669.68	\$700.00	\$969.68	\$836.98 \$700.00
F20		SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$700.00	\$1,430.77	\$1,298.07 \$700.00
32 4010										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$700.00	\$560.47	\$427.77 \$700.00
D20		SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$700.00	\$1,688.24	\$1,555.54 \$700.00
F20		SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$700.00	\$2,364.90	\$2,232.20 \$700.00
<b>BLUE SHIELD TRIO HMO</b>										
E20		SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$700.00	\$265.70	\$133.00 \$700.00
D20		SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$700.00	\$1,098.70	\$966.00 \$700.00
F20		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$700.00	\$1,598.50	\$1,465.80 \$700.00
41 4040										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E20	SELF	1	\$861.18	\$107.70	\$25.00	\$993.88	\$700.00	\$293.88	\$161.18 \$700.00
D20		SELF + 1 DEPENDENT	2	\$1,722.36	\$107.70	\$25.00	\$1,855.06	\$700.00	\$1,155.06	\$1,022.36 \$700.00
F20		SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,371.77	\$700.00	\$1,671.77	\$1,539.07 \$700.00
42 4050										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	1	\$520.29	\$107.70	\$25.00	\$652.99	\$700.00	\$0.00	\$0.00 \$520.29
D20		SELF + 1 DEPENDENT	2	\$1,040.58	\$107.70	\$25.00	\$1,173.28	\$700.00	\$473.28	\$340.58 \$700.00
F20		SELF + DEPENDENTS	3	\$1,352.75	\$107.70	\$25.00	\$1,485.45	\$700.00	\$785.45	\$652.75 \$700.00
43 4060										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$700.00	\$565.84	\$433.14 \$700.00
D20		SELF + 1 DEPENDENT	2	\$2,266.28	\$107.70	\$25.00	\$2,398.98	\$700.00	\$1,698.98	\$1,566.28 \$700.00
F20		SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$700.00	\$2,378.86	\$2,246.16 \$700.00

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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<b>Anthem HMO Select</b>										
AHS1 E20	SELF	1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$700.00	\$301.68	\$168.98	\$700.00
D20	SELF + 1 DEPENDENT	2	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$700.00	\$1,170.66	\$1,037.96	\$700.00
F20	SELF + DEPENDENTS	3	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$700.00	\$1,692.05	\$1,559.35	\$700.00
<b>Anthem HMO Traditional</b>										
AHT1 E20	SELF	1	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$700.00	\$617.54	\$484.84	\$700.00
D20	SELF + 1 DEPENDENT	2	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$700.00	\$1,802.38	\$1,669.68	\$700.00
F20	SELF + DEPENDENTS	3	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$700.00	\$2,513.28	\$2,380.58	\$700.00
<b>United HealthCare HMO PLAN</b>										
UN01 E20	SELF	1	\$899.94	\$107.70	\$25.00	\$1,032.64	\$700.00	\$332.64	\$199.94	\$0.00
D20	SELF + 1 DEPENDENT	2	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$700.00	\$1,232.58	\$1,099.88	\$0.00
F20	SELF + DEPENDENTS	3	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$700.00	\$1,772.54	\$1,639.84	\$0.00
<b>HealthNet SmartCare HMO PLAN</b>										
HN01 E20	SELF	1	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$700.00	\$433.22	\$300.52	\$700.00
D20	SELF + 1 DEPENDENT	2	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$700.00	\$1,433.74	\$1,301.04	\$700.00
F20	SELF + DEPENDENTS	3	\$2,601.35	\$107.70	\$25.00	\$2,734.05	\$700.00	\$2,034.05	\$1,901.35	\$700.00
<b>Western Health Advantage HMO</b>										
WHA E20	SELF	1	\$731.96	\$107.70	\$25.00	\$864.66	\$700.00	\$164.66	\$31.96	\$700.00
D20	SELF + 1 DEPENDENT	2	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$700.00	\$896.62	\$763.92	\$700.00
F20	SELF + DEPENDENTS	3	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$700.00	\$1,335.80	\$1,203.10	\$700.00

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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](http://www.calpers.ca.gov) and click on Health Plan Information