



**REGION 1
2020 MATRIX**

LEA 70% EMPLOYEES WITH 2020 CAPS

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

0.7

**PAYROLL USE
ONLY**

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
KAISER		HMO									
KP01	E60	SELF	1	\$768.49	\$142.35	\$20.00	\$930.84	\$440.48	\$490.36	\$328.01	\$440.48
	D60	SELF + 1 DEPENDENT	2	\$1,536.98	\$142.35	\$20.00	\$1,699.33	\$804.13	\$895.20	\$732.85	\$804.13
	F60	SELF + DEPENDENTS	3	\$1,998.07	\$142.35	\$20.00	\$2,160.42	\$1,022.31	\$1,138.11	\$975.76	\$1,022.31
BLUE SHIELD ACCESS		HMO									
BA01	E60	SELF	1	\$1,127.77	\$142.35	\$20.00	\$1,290.12	\$632.16	\$657.96	\$495.61	\$632.16
	D60	SELF + 1 DEPENDENT	2	\$2,255.54	\$142.35	\$20.00	\$2,417.89	\$1,184.76	\$1,233.13	\$1,070.78	\$1,184.76
	F60	SELF + DEPENDENTS	3	\$2,932.20	\$142.35	\$20.00	\$3,094.55	\$1,516.33	\$1,578.22	\$1,415.87	\$1,516.33
BLUE SHIELD TRIO		HMO									
	E60	SELF	1	\$833.00	\$142.35	\$20.00	\$995.35	\$459.85	\$535.50	\$373.15	\$459.85
	D60	SELF + 1 DEPENDENT	2	\$1,666.00	\$142.35	\$20.00	\$1,828.35	\$844.70	\$983.65	\$821.30	\$844.70
	F60	SELF + DEPENDENTS	3	\$2,165.80	\$142.35	\$20.00	\$2,328.15	\$1,075.61	\$1,252.54	\$1,090.19	\$1,075.61
Athem Blue Cross- CHOICE		PERS PPO 80/20									
CH01	E60	SELF	1	\$861.18	\$142.35	\$20.00	\$1,023.53	\$465.70	\$557.83	\$395.48	\$465.70
	D60	SELF + 1 DEPENDENT	2	\$1,722.36	\$142.35	\$20.00	\$1,884.71	\$857.54	\$1,027.17	\$864.82	\$857.54
	F60	SELF + DEPENDENTS	3	\$2,239.07	\$142.35	\$20.00	\$2,401.42	\$1,092.64	\$1,308.78	\$1,146.43	\$1,092.64
PERS SELECT		PPO 80/20									
SE01	E60	SELF	1	\$520.29	\$142.35	\$20.00	\$682.64	\$238.92	\$443.72	\$281.37	\$238.92
	D60	SELF + 1 DEPENDENT	2	\$1,040.58	\$142.35	\$20.00	\$1,202.93	\$421.03	\$781.90	\$619.55	\$421.03
	F60	SELF + DEPENDENTS	3	\$1,352.75	\$142.35	\$20.00	\$1,515.10	\$530.29	\$984.81	\$822.46	\$530.29
PERS CARE		PPO 90/10									
CA01	E60	SELF	1	\$1,133.14	\$142.35	\$20.00	\$1,295.49	\$500.21	\$795.28	\$632.93	\$500.21
	D60	SELF + 1 DEPENDENT	2	\$2,266.28	\$142.35	\$20.00	\$2,428.63	\$937.74	\$1,490.89	\$1,328.54	\$937.74
	F60	SELF + DEPENDENTS	3	\$2,946.16	\$142.35	\$20.00	\$3,108.51	\$1,200.26	\$1,908.25	\$1,745.90	\$1,200.26

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.



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Anthem HMO Select											
AHS1	E60	SELF	1	\$868.98	\$142.35	\$20.00	\$1,031.33	\$360.97	\$670.36	\$508.01	\$360.97
	D60	SELF + 1 DEPENDENT	2	\$1,737.96	\$142.35	\$20.00	\$1,900.31	\$665.11	\$1,235.20	\$1,072.85	\$665.11
	F60	SELF + DEPENDENTS	3	\$2,259.35	\$142.35	\$20.00	\$2,421.70	\$847.60	\$1,574.10	\$1,411.75	\$847.60
Anthem HMO Traditional											
AHT1	E60	SELF	1	\$1,184.84	\$142.35	\$20.00	\$1,347.19	\$471.52	\$875.67	\$713.32	\$471.52
	D60	SELF + 1 DEPENDENT	2	\$2,369.68	\$142.35	\$20.00	\$2,532.03	\$886.21	\$1,645.82	\$1,483.47	\$886.21
	F60	SELF + DEPENDENTS	3	\$3,080.58	\$142.35	\$20.00	\$3,242.93	\$1,135.03	\$2,107.90	\$1,945.55	\$1,135.03
United HealthCare HMO PLAN											
UN01	E60	SELF	1	\$899.94	\$142.35	\$20.00	\$1,062.29	\$446.16	\$616.13	\$453.78	\$446.16
	D60	SELF + 1 DEPENDENT	2	\$1,799.88	\$142.35	\$20.00	\$1,962.23	\$824.14	\$1,138.09	\$975.74	\$824.14
	F60	SELF + DEPENDENTS	3	\$2,339.84	\$142.35	\$20.00	\$2,502.19	\$1,050.92	\$1,451.27	\$1,288.92	\$1,050.92
Health Net SmartCare HMO PLAN											
HN01	E60	SELF	1	\$ 1,000.52	\$142.35	\$20.00	\$1,162.87	\$390.73	\$ 772.14	\$609.79	\$390.73
	D60	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$142.35	\$20.00	\$2,163.39	\$726.90	\$ 1,436.49	\$1,274.14	\$726.90
	F60	SELF + DEPENDENTS	3	\$ 2,601.35	\$142.35	\$20.00	\$2,763.70	\$928.61	\$ 1,835.09	\$1,672.74	\$928.61
Western Health Advantage HMO PLAN											
WHA	E60	SELF	1	\$ 731.96	\$142.35	\$20.00	\$894.31	\$382.62	\$ 511.69	\$349.34	\$382.62
	D60	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$142.35	\$20.00	\$1,626.27	\$761.58	\$ 864.69	\$702.34	\$761.58
	F60	SELF + DEPENDENTS	3	\$ 1,903.10	\$142.35	\$20.00	\$2,065.45	\$977.52	\$ 1,087.93	\$925.58	\$977.52

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