



**REGION 1  
2020 MATRIX**

0.975

**LEA 100% EMPLOYEES WITH 2020 CAPS**

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

1

**PAYROLL USE ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
<b>KAISER HMO</b>											
KP01	E60	SELF	1	\$768.49	\$142.35	\$20.00	\$930.84	\$629.25	\$301.59	\$139.24	\$629.25
	D60	SELF + 1 DEPENDENT	2	\$1,536.98	\$142.35	\$20.00	\$1,699.33	\$1,148.75	\$550.58	\$388.23	\$1,148.75
	F60	SELF + DEPENDENTS	3	\$1,998.07	\$142.35	\$20.00	\$2,160.42	\$1,460.44	\$699.98	\$537.63	\$1,460.44
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	1	\$1,127.77	\$142.35	\$20.00	\$1,290.12	\$903.08	\$387.04	\$224.69	\$903.08
	D60	SELF + 1 DEPENDENT	2	\$2,255.54	\$142.35	\$20.00	\$2,417.89	\$1,692.52	\$725.37	\$563.02	\$1,692.52
	F60	SELF + DEPENDENTS	3	\$2,932.20	\$142.35	\$20.00	\$3,094.55	\$2,166.19	\$928.36	\$766.01	\$2,166.19
<b>BLUE SHIELD TRIO HMO</b>											
BA01	E60	SELF	1	\$833.00	\$142.35	\$20.00	\$995.35	\$656.93	\$338.42	\$176.07	\$656.93
	D60	SELF + 1 DEPENDENT	2	\$1,666.00	\$142.35	\$20.00	\$1,828.35	\$1,206.71	\$621.64	\$459.29	\$1,206.71
	F60	SELF + DEPENDENTS	3	\$2,165.80	\$142.35	\$20.00	\$2,328.15	\$1,536.58	\$791.57	\$629.22	\$1,536.58
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E60	SELF	1	\$861.18	\$142.35	\$20.00	\$1,023.53	\$665.29	\$358.24	\$195.89	\$665.29
	D60	SELF + 1 DEPENDENT	2	\$1,722.36	\$142.35	\$20.00	\$1,884.71	\$1,225.06	\$659.65	\$497.30	\$1,225.06
	F60	SELF + DEPENDENTS	3	\$2,239.07	\$142.35	\$20.00	\$2,401.42	\$1,560.92	\$840.50	\$678.15	\$1,560.92
<b>PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	1	\$520.29	\$142.35	\$20.00	\$682.64	\$341.32	\$341.32	\$178.97	\$341.32
	D60	SELF + 1 DEPENDENT	2	\$1,040.58	\$142.35	\$20.00	\$1,202.93	\$601.47	\$601.46	\$439.11	\$601.47
	F60	SELF + DEPENDENTS	3	\$1,352.75	\$142.35	\$20.00	\$1,515.10	\$757.55	\$757.55	\$595.20	\$757.55
<b>PERS CARE PPO 90/10</b>											
CA01	E60	SELF	1	\$1,133.14	\$142.35	\$20.00	\$1,295.49	\$714.59	\$580.90	\$418.55	\$714.59
	D60	SELF + 1 DEPENDENT	2	\$2,266.28	\$142.35	\$20.00	\$2,428.63	\$1,339.63	\$1,089.00	\$926.65	\$1,339.63
	F60	SELF + DEPENDENTS	3	\$2,946.16	\$142.35	\$20.00	\$3,108.51	\$1,714.65	\$1,393.86	\$1,231.51	\$1,714.65

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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									Health Cost	Health Cost	
<b>Anthem HMO Select</b>											
AHS1	E60	SELF	1	\$868.98	\$142.35	\$20.00	\$1,031.33	\$515.67	\$515.66	\$353.31	\$515.67
	D60	SELF + 1 DEPENDENT	2	\$1,737.96	\$142.35	\$20.00	\$1,900.31	\$950.16	\$950.15	\$787.80	\$950.16
	F60	SELF + DEPENDENTS	3	\$2,259.35	\$142.35	\$20.00	\$2,421.70	\$1,210.85	\$1,210.85	\$1,048.50	\$1,210.85
<b>Anthem HMO Traditional</b>											
AHT1	E60	SELF	1	\$1,184.84	\$142.35	\$20.00	\$1,347.19	\$673.60	\$673.59	\$511.24	\$673.60
	D60	SELF + 1 DEPENDENT	2	\$2,369.68	\$142.35	\$20.00	\$2,532.03	\$1,266.02	\$1,266.01	\$1,103.66	\$1,266.02
	F60	SELF + DEPENDENTS	3	\$3,080.58	\$142.35	\$20.00	\$3,242.93	\$1,621.47	\$1,621.46	\$1,459.11	\$1,621.47
<b>United HealthCare HMO PLAN</b>											
UN01	E60	SELF	1	\$899.94	\$142.35	\$20.00	\$1,062.29	\$637.37	\$424.92	\$262.57	\$637.37
	D60	SELF + 1 DEPENDENT	2	\$1,799.88	\$142.35	\$20.00	\$1,962.23	\$1,177.34	\$784.89	\$622.54	\$1,177.34
	F60	SELF + DEPENDENTS	3	\$2,339.84	\$142.35	\$20.00	\$2,502.19	\$1,501.31	\$1,000.88	\$838.53	\$1,501.31
<b>Health Net SmartCare HMO PLAN</b>											
HN01	E60	SELF	1	\$ 1,000.52	\$142.35	\$20.00	\$1,162.87	\$558.18	\$ 604.69	\$442.34	\$558.18
	D60	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$142.35	\$20.00	\$2,163.39	\$1,038.43	\$ 1,124.96	\$962.61	\$1,038.43
	F60	SELF + DEPENDENTS	3	\$ 2,601.35	\$142.35	\$20.00	\$2,763.70	\$1,326.58	\$ 1,437.12	\$1,274.77	\$1,326.58
<b>Western Health Advantage HMO PLAN</b>											
WHA	E60	SELF	1	\$ 731.96	\$142.35	\$20.00	\$894.31	\$546.60	\$ 347.71	\$185.36	\$546.60
	D60	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$142.35	\$20.00	\$1,626.27	\$1,087.97	\$ 538.30	\$375.95	\$1,087.97
	F60	SELF + DEPENDENTS	3	\$ 1,903.10	\$142.35	\$20.00	\$2,065.45	\$1,396.45	\$ 669.00	\$506.65	\$1,396.45

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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, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, San Mateo, San Francisco, San Joaquin, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba

for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information