



**REGION 1
2020 MATRIX**

.975-100

LPPA 100% EMPLOYEES WITH 2016 CAPS

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 *MANDATORY eff 9-30-18	VISION *MANDATORY eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER
									Health Cost	Health Cost
KAISER HMO										
KP01	E70	SELF	\$768.49	\$145.64	\$25.00	\$939.13	\$772.05	\$167.08	\$0.00	\$768.49
	D70	SELF + 1 DEPENDENT	\$1,536.98	\$145.64	\$25.00	\$1,707.62	\$772.05	\$935.57	\$764.93	\$772.05
	F70	SELF + DEPENDENTS	\$1,998.07	\$145.64	\$25.00	\$2,168.71	\$772.05	\$1,396.66	\$1,226.02	\$772.05
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$1,127.77	\$145.64	\$25.00	\$1,298.41	\$772.05	\$526.36	\$355.72	\$772.05
	D70	SELF + 1 DEPENDENT	\$2,255.54	\$145.64	\$25.00	\$2,426.18	\$772.05	\$1,654.13	\$1,483.49	\$772.05
	F70	SELF + DEPENDENTS	\$2,932.20	\$145.64	\$25.00	\$3,102.84	\$772.05	\$2,330.79	\$2,160.15	\$772.05
BLUE SHIELD TRIO HMO										
	E70	SELF	\$833.00	\$145.64	\$25.00	\$1,003.64	\$772.05	\$231.59	\$60.95	\$772.05
	D70	SELF + 1 DEPENDENT	\$1,666.00	\$145.64	\$25.00	\$1,836.64	\$772.05	\$1,064.59	\$893.95	\$772.05
	F70	SELF + DEPENDENTS	\$2,165.80	\$145.64	\$25.00	\$2,336.44	\$772.05	\$1,564.39	\$1,393.75	\$772.05
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$861.18	\$145.64	\$25.00	\$1,031.82	\$772.05	\$259.77	\$89.13	\$772.05
	D70	SELF + 1 DEPENDENT	\$1,722.36	\$145.64	\$25.00	\$1,893.00	\$772.05	\$1,120.95	\$950.31	\$772.05
	F70	SELF + DEPENDENTS	\$2,239.07	\$145.64	\$25.00	\$2,409.71	\$772.05	\$1,637.66	\$1,467.02	\$772.05
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$520.29	\$145.64	\$25.00	\$690.93	\$772.05	\$0.00	\$0.00	\$520.29
	D70	SELF + 1 DEPENDENT	\$1,040.58	\$145.64	\$25.00	\$1,211.22	\$772.05	\$439.17	\$268.53	\$772.05
	F70	SELF + DEPENDENTS	\$1,352.75	\$145.64	\$25.00	\$1,523.39	\$772.05	\$751.34	\$580.70	\$772.05
PERS CARE PPO 90/10										
CA01	E70	SELF	\$1,133.14	\$145.64	\$25.00	\$1,303.78	\$772.05	\$531.73	\$361.09	\$772.05
	D70	SELF + 1 DEPENDENT	\$2,266.28	\$145.64	\$25.00	\$2,436.92	\$772.05	\$1,664.87	\$1,494.23	\$772.05
	F70	SELF + DEPENDENTS	\$2,946.16	\$145.64	\$25.00	\$3,116.80	\$772.05	\$2,344.75	\$2,174.11	\$772.05

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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2020 MATRIX**

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									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	
Anthem HMO Select											
AHS1	E70	SELF	1	\$868.98	\$145.64	\$25.00	\$1,039.62	\$772.05	\$267.57	\$96.93	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,737.96	\$145.64	\$25.00	\$1,908.60	\$772.05	\$1,136.55	\$965.91	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,259.35	\$145.64	\$25.00	\$2,429.99	\$772.05	\$1,657.94	\$1,487.30	\$772.05
Anthem HMO Traditional											
AHT1	E70	SELF	1	\$1,184.84	\$145.64	\$25.00	\$1,355.48	\$772.05	\$583.43	\$412.79	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$2,369.68	\$145.64	\$25.00	\$2,540.32	\$772.05	\$1,768.27	\$1,597.63	\$772.05
	F70	SELF + DEPENDENTS	3	\$3,080.58	\$145.64	\$25.00	\$3,251.22	\$772.05	\$2,479.17	\$2,308.53	\$772.05
United HealthCare HMO PLAN											
UN01	E70	SELF	1	\$899.94	\$145.64	\$25.00	\$1,070.58	\$772.05	\$298.53	\$127.89	\$0.00
	D70	SELF + 1 DEPENDENT	2	\$1,799.88	\$145.64	\$25.00	\$1,970.52	\$772.05	\$1,198.47	\$1,027.83	\$0.00
	F70	SELF + DEPENDENTS	3	\$2,339.84	\$145.64	\$25.00	\$2,510.48	\$772.05	\$1,738.43	\$1,567.79	\$0.00
Health Net SmartCare HMO PLAN											
HN01	E70	SELF	1	\$ 1,000.52	\$145.64	\$25.00	\$1,171.16	\$772.05	\$ 399.11	\$228.47	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$145.64	\$25.00	\$2,171.68	\$772.05	\$ 1,399.63	\$1,228.99	\$772.05
	F70	SELF + DEPENDENTS	3	\$ 2,601.35	\$145.64	\$25.00	\$2,771.99	\$772.05	\$ 1,999.94	\$1,829.30	\$772.05
Western Health Advantage HMO PLAN											
WHA	E70	SELF	1	\$ 731.96	\$145.64	\$25.00	\$902.60	\$772.05	\$ 130.55	\$0.00	\$731.96
	D70	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$145.64	\$25.00	\$1,634.56	\$772.05	\$ 862.51	\$691.87	\$772.05
	F70	SELF + DEPENDENTS	3	\$ 1,903.10	\$145.64	\$25.00	\$2,073.74	\$772.05	\$ 1,301.69	\$1,131.05	\$772.05

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