



REGION 1

2020 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP *	EMPLOYEE COST PER MONTH
				MANDATORY* Eff 9-30-18	MANDATORY* eff 1-1-16			
KP01	KAISER E30	HMO SINGLE	\$ 768.49	\$140.77	\$ 20.00	\$ 929.26	\$ -	\$ 929.26
	D30	2-PARTY	\$ 1,536.98	\$140.77	\$ 20.00	\$ 1,697.75	\$ -	\$ 1,697.75
	F30	FAMILY	\$ 1,998.07	\$140.77	\$ 20.00	\$ 2,158.84	\$ -	\$ 2,158.84
BA01	Blue Shield Access+ E30	HMO SINGLE	\$ 1,127.77	\$140.77	\$ 20.00	\$ 1,288.54	\$ -	\$ 1,288.54
	D30	2-PARTY	\$ 2,255.54	\$140.77	\$ 20.00	\$ 2,416.31	\$ -	\$ 2,416.31
	F30	FAMILY	\$ 2,932.20	\$140.77	\$ 20.00	\$ 3,092.97	\$ -	\$ 3,092.97
	Blue Shield TRIO E30	HMO SINGLE	\$ 833.00	\$140.77	\$ 20.00	\$ 993.77	\$ -	\$ 993.77
	D30	2-PARTY	\$ 1,666.00	\$140.77	\$ 20.00	\$ 1,826.77	\$ -	\$ 1,826.77
	F30	FAMILY	\$ 2,165.80	\$140.77	\$ 20.00	\$ 2,326.57	\$ -	\$ 2,326.57
CH01	PERS Choice E30	PPO 80/20 SINGLE	\$ 861.18	\$140.77	\$ 20.00	\$ 1,021.95	\$ -	\$ 1,021.95
	D30	2-PARTY	\$ 1,722.36	\$140.77	\$ 20.00	\$ 1,883.13	\$ -	\$ 1,883.13
	F30	FAMILY	\$ 2,239.07	\$140.77	\$ 20.00	\$ 2,399.84	\$ -	\$ 2,399.84
SE01	PERS Select E30	PPO 80/20 SINGLE	\$ 520.29	\$140.77	\$ 20.00	\$ 681.06	\$ -	\$ 681.06
	D30	2-PARTY	\$ 1,040.58	\$140.77	\$ 20.00	\$ 1,201.35	\$ -	\$ 1,201.35
	F30	FAMILY	\$ 1,352.75	\$140.77	\$ 20.00	\$ 1,513.52	\$ -	\$ 1,513.52
CA01	PERSCare E30	PPO 90/10 SINGLE	\$ 1,133.14	\$140.77	\$ 20.00	\$ 1,293.91	\$ -	\$ 1,293.91
	D30	2-PARTY	\$ 2,266.28	\$140.77	\$ 20.00	\$ 2,427.05	\$ -	\$ 2,427.05
	F30	FAMILY	\$ 2,946.16	\$140.77	\$ 20.00	\$ 3,106.93	\$ -	\$ 3,106.93



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					Eff 9-30-18	eff 1-1-16			
Anthem HMO Select									
AHS1	E30	SELF	1	\$ 868.98	\$140.77	\$ 20.00	\$ 1,029.75	\$ -	\$ 1,029.75
	D30	SELF + 1 DEPENDENT	2	\$ 1,737.96	\$140.77	\$ 20.00	\$ 1,898.73	\$ -	\$ 1,898.73
	F30	SELF + DEPENDENTS	3	\$ 2,259.35	\$140.77	\$ 20.00	\$ 2,420.12	\$ -	\$ 2,420.12
Anthem HMO Traditional									
AHT1	E30	SELF	1	\$ 1,184.84	\$140.77	\$ 20.00	\$ 1,345.61	\$ -	\$ 1,345.61
	D30	SELF + 1 DEPENDENT	2	\$ 2,369.68	\$140.77	\$ 20.00	\$ 2,530.45	\$ -	\$ 2,530.45
	F30	SELF + DEPENDENTS	3	\$ 3,080.58	\$140.77	\$ 20.00	\$ 3,241.35	\$ -	\$ 3,241.35
United HealthCare HMO PLAN									
UN01	E30	SELF	1	\$ 899.94	\$ 899.94	\$ 899.94	\$ 2,699.82	\$ -	\$ 2,699.82
	D30	SELF + 1 DEPENDENT	2	\$ 1,799.88	\$ 1,799.88	\$ 1,799.88	\$ 5,399.64	\$ -	\$ 5,399.64
	F30	SELF + DEPENDENTS	3	\$ 2,339.84	\$ 2,339.84	\$ 2,339.84	\$ 7,019.52	\$ -	\$ 7,019.52
Health Net SmartCare									
UHC1	E30	SELF	1	\$ 1,000.52	\$140.77	\$ 20.00	\$ 1,161.29	\$ -	\$ 1,161.29
	D30	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$140.77	\$ 20.00	\$ 2,161.81	\$ -	\$ 2,161.81
	F30	SELF + DEPENDENTS	3	\$ 2,601.35	\$140.77	\$ 20.00	\$ 2,762.12	\$ -	\$ 2,762.12
Western Health Advantage									
WHA	E30	SELF	1	\$ 731.96	\$140.77	\$ 20.00	\$ 892.73	\$ -	\$ 892.73
	D30	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$140.77	\$ 20.00	\$ 1,624.69	\$ -	\$ 1,624.69
	F30	SELF + DEPENDENTS	3	\$ 1,903.10	\$140.77	\$ 20.00	\$ 2,063.87	\$ -	\$ 2,063.87

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

for more information go to www.calpers.ca.gov and click on Health Plan Information