



REGION 1
2020 MATRIX

0.7187

CSEA 6 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					
22 4030										
KAISER HMO										
KP01	E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$600.00	\$301.19	\$168.49 \$600.00
D20		SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00	\$1,669.68	\$600.00	\$1,069.68	\$936.98 \$600.00
F20		SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$600.00	\$1,530.77	\$1,398.07 \$600.00
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$600.00	\$660.47	\$527.77 \$600.00
D20		SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$600.00	\$1,788.24	\$1,655.54 \$600.00
F20		SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$600.00	\$2,464.90	\$2,332.20 \$600.00
BLUE SHIELD TRIO HMO										
E20		SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$600.00	\$365.70	\$233.00 \$600.00
D20		SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$600.00	\$1,198.70	\$1,066.00 \$600.00
F20		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$600.00	\$1,698.50	\$1,565.80 \$600.00
41 4040										
Athem Blue Cross-CHOICE PERS PPO 80/20										
CH01	E20	SELF	1	\$861.18	\$107.70	\$25.00	\$993.88	\$600.00	\$393.88	\$261.18 \$600.00
D20		SELF + 1 DEPENDENT	2	\$1,722.36	\$107.70	\$25.00	\$1,855.06	\$600.00	\$1,255.06	\$1,122.36 \$600.00
F20		SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,371.77	\$600.00	\$1,771.77	\$1,639.07 \$600.00
42 4050										
PERS SELECT PPO 80/20										
SE01	E20	SELF	1	\$520.29	\$107.70	\$25.00	\$652.99	\$600.00	\$52.99	\$0.00 \$520.29
D20		SELF + 1 DEPENDENT	2	\$1,040.58	\$107.70	\$25.00	\$1,173.28	\$600.00	\$573.28	\$440.58 \$600.00
F20		SELF + DEPENDENTS	3	\$1,352.75	\$107.70	\$25.00	\$1,485.45	\$600.00	\$885.45	\$752.75 \$600.00
43 4060										
PERS CARE PPO 90/10										
CA01	E20	SELF	1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$600.00	\$665.84	\$533.14 \$600.00
D20		SELF + 1 DEPENDENT	2	\$2,266.28	\$107.70	\$25.00	\$2,398.98	\$600.00	\$1,798.98	\$1,666.28 \$600.00
F20		SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$600.00	\$2,478.86	\$2,346.16 \$600.00

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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Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$600.00	\$401.68	\$268.98	\$600.00
D20		SELF + 1 DEPENDENT	2	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$600.00	\$1,270.66	\$1,137.96	\$600.00
F20		SELF + DEPENDENTS	3	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$600.00	\$1,792.05	\$1,659.35	\$600.00
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$600.00	\$717.54	\$584.84	\$600.00
D20		SELF + 1 DEPENDENT	2	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$600.00	\$1,902.38	\$1,769.68	\$600.00
F20		SELF + DEPENDENTS	3	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$600.00	\$2,613.28	\$2,480.58	\$600.00
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$899.94	\$107.70	\$25.00	\$1,032.64	\$600.00	\$432.64	\$299.94	\$600.00
D20		SELF + 1 DEPENDENT	2	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$600.00	\$1,332.58	\$1,199.88	\$600.00
F20		SELF + DEPENDENTS	3	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$600.00	\$1,872.54	\$1,739.84	\$600.00
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$600.00	\$533.22	\$400.52	\$600.00
D20		SELF + 1 DEPENDENT	2	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$600.00	\$1,533.74	\$1,401.04	\$600.00
F20		SELF + DEPENDENTS	3	\$2,601.35	\$107.70	\$25.00	\$2,734.05	\$600.00	\$2,134.05	\$2,001.35	\$600.00
Western Health Advantage		HMO									
WHA	E20	SELF	1	\$731.96	\$107.70	\$25.00	\$864.66	\$600.00	\$264.66	\$131.96	\$600.00
D20		SELF + 1 DEPENDENT	2	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$600.00	\$996.62	\$863.92	\$600.00
F20		SELF + DEPENDENTS	3	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$600.00	\$1,435.80	\$1,303.10	\$600.00

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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, 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