



REGION 1
2020 MATRIX

0.6562

CSEA 5.5 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		applied to Health 1st				
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$550.00	\$351.19	\$218.49	\$550.00
D20		SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00	\$1,669.68	\$550.00	\$1,119.68	\$986.98	\$550.00
F20		SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$550.00	\$1,580.77	\$1,448.07	\$550.00
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$550.00	\$710.47	\$577.77	\$550.00
D20		SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$550.00	\$1,838.24	\$1,705.54	\$550.00
F20		SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$550.00	\$2,514.90	\$2,382.20	\$550.00
BLUE SHIELD TRIO HMO											
E20		SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$550.00	\$415.70	\$283.00	\$550.00
D20		SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$550.00	\$1,248.70	\$1,116.00	\$550.00
F20		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$550.00	\$1,748.50	\$1,615.80	\$550.00
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$861.18	\$107.70	\$25.00	\$993.88	\$550.00	\$443.88	\$311.18	\$550.00
D20		SELF + 1 DEPENDENT	2	\$1,722.36	\$107.70	\$25.00	\$1,855.06	\$550.00	\$1,305.06	\$1,172.36	\$550.00
F20		SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,371.77	\$550.00	\$1,821.77	\$1,689.07	\$550.00
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$520.29	\$107.70	\$25.00	\$652.99	\$550.00	\$102.99	\$0.00	\$520.29
D20		SELF + 1 DEPENDENT	2	\$1,040.58	\$107.70	\$25.00	\$1,173.28	\$550.00	\$623.28	\$490.58	\$550.00
F20		SELF + DEPENDENTS	3	\$1,352.75	\$107.70	\$25.00	\$1,485.45	\$550.00	\$935.45	\$802.75	\$550.00
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$550.00	\$715.84	\$583.14	\$550.00
D20		SELF + 1 DEPENDENT	2	\$2,266.28	\$107.70	\$25.00	\$2,398.98	\$550.00	\$1,848.98	\$1,716.28	\$550.00
F20		SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$550.00	\$2,528.86	\$2,396.16	\$550.00

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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2020 MATRIX**

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PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 10-1-18	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP applied to Health 1st	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem HMO Select										
AHS1	E20	SELF								
		1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$550.00	\$451.68	\$318.98	\$550.00
D20		SELF + 1 DEPENDENT	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$550.00	\$1,320.66	\$1,187.96	\$550.00
F20		SELF + DEPENDENTS	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$550.00	\$1,842.05	\$1,709.35	\$550.00
Anthem HMO Traditional										
AHT1	E20	SELF	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$550.00	\$767.54	\$634.84	\$550.00
D20		SELF + 1 DEPENDENT	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$550.00	\$1,952.38	\$1,819.68	\$550.00
F20		SELF + DEPENDENTS	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$550.00	\$2,663.28	\$2,530.58	\$550.00
United HealthCare										
UN01	E20	SELF	\$899.94	\$107.70	\$25.00	\$1,032.64	\$550.00	\$482.64	\$349.94	\$550.00
D20		SELF + 1 DEPENDENT	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$550.00	\$1,382.58	\$1,249.88	\$550.00
F20		SELF + DEPENDENTS	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$550.00	\$1,922.54	\$1,789.84	\$550.00
HealthNet SmartCare										
HN01	E20	SELF	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$550.00	\$583.22	\$450.52	\$550.00
D20		SELF + 1 DEPENDENT	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$550.00	\$1,583.74	\$1,451.04	\$550.00
F20		SELF + DEPENDENTS	\$2,601.35	\$107.70	\$25.00	\$2,734.05	\$550.00	\$2,184.05	\$2,051.35	\$550.00
Western Health Advantage										
WHA	E20	SELF	\$731.96	\$107.70	\$25.00	\$864.66	\$550.00	\$314.66	\$181.96	\$550.00
D20		SELF + 1 DEPENDENT	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$550.00	\$1,046.62	\$913.92	\$550.00
F20		SELF + DEPENDENTS	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$550.00	\$1,485.80	\$1,353.10	\$550.00

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- .Dental and Vision plans require 100% participation for full -time employees *
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- .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