



REGION 1
2020 MATRIX

0.9687

CSEA 8 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	
				*MANDATORY eff 10-1-18	*MANDATORY eff 1-1-15	applied to Health 1st					
22 4030											
KAISER		HMO									
KP01	E20	SELF	1	\$768.49	\$107.70	\$25.00	\$901.19	\$800.00	\$101.19	\$0.00	\$768.49
D20		SELF + 1 DEPENDENT	2	\$1,536.98	\$107.70	\$25.00	\$1,669.68	\$800.00	\$869.68	\$736.98	\$800.00
F20		SELF + DEPENDENTS	3	\$1,998.07	\$107.70	\$25.00	\$2,130.77	\$800.00	\$1,330.77	\$1,198.07	\$800.00
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E20	SELF	1	\$1,127.77	\$107.70	\$25.00	\$1,260.47	\$800.00	\$460.47	\$327.77	\$800.00
D20		SELF + 1 DEPENDENT	2	\$2,255.54	\$107.70	\$25.00	\$2,388.24	\$800.00	\$1,588.24	\$1,455.54	\$800.00
F20		SELF + DEPENDENTS	3	\$2,932.20	\$107.70	\$25.00	\$3,064.90	\$800.00	\$2,264.90	\$2,132.20	\$800.00
BLUE SHIELD TRIO		HMO									
E20		SELF	1	\$833.00	\$107.70	\$25.00	\$965.70	\$800.00	\$165.70	\$33.00	\$800.00
D20		SELF + 1 DEPENDENT	2	\$1,666.00	\$107.70	\$25.00	\$1,798.70	\$800.00	\$998.70	\$866.00	\$800.00
F20		SELF + DEPENDENTS	3	\$2,165.80	\$107.70	\$25.00	\$2,298.50	\$800.00	\$1,498.50	\$1,365.80	\$800.00
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E20	SELF	1	\$861.18	\$107.70	\$25.00	\$993.88	\$800.00	\$193.88	\$61.18	\$800.00
D20		SELF + 1 DEPENDENT	2	\$1,722.36	\$107.70	\$25.00	\$1,855.06	\$800.00	\$1,055.06	\$922.36	\$800.00
F20		SELF + DEPENDENTS	3	\$2,239.07	\$107.70	\$25.00	\$2,371.77	\$800.00	\$1,571.77	\$1,439.07	\$800.00
42 4050											
PERS SELECT		PPO 80/20									
SE01	E20	SELF	1	\$520.29	\$107.70	\$25.00	\$652.99	\$800.00	\$0.00	\$0.00	\$520.29
D20		SELF + 1 DEPENDENT	2	\$1,040.58	\$107.70	\$25.00	\$1,173.28	\$800.00	\$373.28	\$240.58	\$800.00
F20		SELF + DEPENDENTS	3	\$1,352.75	\$107.70	\$25.00	\$1,485.45	\$800.00	\$685.45	\$552.75	\$800.00
43 4060											
PERS CARE		PPO 90/10									
CA01	E20	SELF	1	\$1,133.14	\$107.70	\$25.00	\$1,265.84	\$800.00	\$465.84	\$333.14	\$800.00
D20		SELF + 1 DEPENDENT	2	\$2,266.28	\$107.70	\$25.00	\$2,398.98	\$800.00	\$1,598.98	\$1,466.28	\$800.00
F20		SELF + DEPENDENTS	3	\$2,946.16	\$107.70	\$25.00	\$3,078.86	\$800.00	\$2,278.86	\$2,146.16	\$800.00

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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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				*MANDATORY eff 10-1-18	*MANDATORY eff 1-1-15	applied to Health 1st					
Anthem HMO Select											
AHS1	E20	SELF	1	\$868.98	\$107.70	\$25.00	\$1,001.68	\$800.00	\$201.68	\$68.98	\$800.00
		SELF + 1 DEPENDENT	2	\$1,737.96	\$107.70	\$25.00	\$1,870.66	\$800.00	\$1,070.66	\$937.96	\$800.00
		SELF + DEPENDENTS	3	\$2,259.35	\$107.70	\$25.00	\$2,392.05	\$800.00	\$1,592.05	\$1,459.35	\$800.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,184.84	\$107.70	\$25.00	\$1,317.54	\$800.00	\$517.54	\$384.84	\$800.00
		SELF + 1 DEPENDENT	2	\$2,369.68	\$107.70	\$25.00	\$2,502.38	\$800.00	\$1,702.38	\$1,569.68	\$800.00
		SELF + DEPENDENTS	3	\$3,080.58	\$107.70	\$25.00	\$3,213.28	\$800.00	\$2,413.28	\$2,280.58	\$800.00
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$899.94	\$107.70	\$25.00	\$1,032.64	\$800.00	\$232.64	\$99.94	\$800.00
		SELF + 1 DEPENDENT	2	\$1,799.88	\$107.70	\$25.00	\$1,932.58	\$800.00	\$1,132.58	\$999.88	\$800.00
		SELF + DEPENDENTS	3	\$2,339.84	\$107.70	\$25.00	\$2,472.54	\$800.00	\$1,672.54	\$1,539.84	\$800.00
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$1,000.52	\$107.70	\$25.00	\$1,133.22	\$800.00	\$333.22	\$200.52	\$800.00
		SELF + 1 DEPENDENT	2	\$2,001.04	\$107.70	\$25.00	\$2,133.74	\$800.00	\$1,333.74	\$1,201.04	\$800.00
		SELF + DEPENDENTS	3	\$2,601.35	\$107.70	\$25.00	\$2,734.05	\$800.00	\$1,934.05	\$1,801.35	\$800.00
Western Health Advantage HMO											
WHA	E20	SELF	1	\$731.96	\$107.70	\$25.00	\$864.66	\$800.00	\$64.66	\$0.00	\$731.96
		SELF + 1 DEPENDENT	2	\$1,463.92	\$107.70	\$25.00	\$1,596.62	\$800.00	\$796.62	\$663.92	\$800.00
		SELF + DEPENDENTS	3	\$1,903.10	\$107.70	\$25.00	\$2,035.80	\$800.00	\$1,235.80	\$1,103.10	\$800.00

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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