



**REGION 1
2020 MATRIX**

SUPV 8 HOUR EMPLOYEES WITH 12-31-20 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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
			*MANDATORY Eff 9-30-18	*MANDATORY eff 1-1-16							
22 4030	KAISER	HMO									
KP01	E80	SELF	1	\$768.49	\$140.77	\$25.00	\$934.26	\$935.26	\$0.00	\$0.00	\$768.49
	D80	SELF + 1 DEPENDENT	2	\$1,536.98	\$140.77	\$25.00	\$1,702.75	\$939.31	\$763.44	\$597.67	\$939.31
	F80	SELF + DEPENDENTS	3	\$1,998.07	\$140.77	\$25.00	\$2,163.84	\$939.31	\$1,224.53	\$1,058.76	\$939.31
32 4010	BLUE SHIELD ACCESS	HMO									
BA01	E80	SELF	1	\$1,127.77	\$140.77	\$25.00	\$1,293.54	\$651.79	\$641.75	\$475.98	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$2,255.54	\$140.77	\$25.00	\$2,421.31	\$651.79	\$1,769.52	\$1,603.75	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,932.20	\$140.77	\$25.00	\$3,097.97	\$651.79	\$2,446.18	\$2,280.41	\$651.79
	BLUE SHIELD TRIO	HMO									
E80		SELF	1	\$833.00	\$140.77	\$25.00	\$998.77	\$651.79	\$346.98	\$181.21	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,666.00	\$140.77	\$25.00	\$1,831.77	\$651.79	\$1,179.98	\$1,014.21	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,165.80	\$140.77	\$25.00	\$2,331.57	\$651.79	\$1,679.78	\$1,514.01	\$651.79
41 4040	Athem Blue Cross-PERS CHOICE	PPO 80/20									
CH01	E80	SELF	1	\$861.18	\$140.77	\$25.00	\$1,026.95	\$651.79	\$375.16	\$209.39	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,722.36	\$140.77	\$25.00	\$1,888.13	\$939.31	\$948.82	\$783.05	\$939.31
	F80	SELF + DEPENDENTS	3	\$2,239.07	\$140.77	\$25.00	\$2,404.84	\$939.31	\$1,465.53	\$1,299.76	\$939.31
42 4050	PERS SELECT	PPO 80/20									
SE01	E80	SELF	1	\$520.29	\$140.77	\$25.00	\$686.06	\$686.06	\$0.00	\$0.00	\$520.29
	D80	SELF + 1 DEPENDENT	2	\$1,040.58	\$140.77	\$25.00	\$1,206.35	\$939.31	\$267.04	\$101.27	\$939.31
	F80	SELF + DEPENDENTS	3	\$1,352.75	\$140.77	\$25.00	\$1,518.52	\$651.79	\$866.73	\$700.96	\$651.79
43 4060	PERS CARE	PPO 90/10									
CA01	E80	SELF	1	\$1,133.14	\$140.77	\$25.00	\$1,298.91	\$651.79	\$647.12	\$481.35	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$2,266.28	\$140.77	\$25.00	\$2,432.05	\$651.79	\$1,780.26	\$1,614.49	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,946.16	\$140.77	\$25.00	\$3,111.93	\$651.79	\$2,460.14	\$2,294.37	\$651.79

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**



**REGION 1
2020 MATRIX**

SUPV 8 HOUR EMPLOYEES WITH 12-31-20 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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
				*MANDATORY Eff 9-30-18	*MANDATORY eff 1-1-16						
Anthem HMO Select											
AHS1	E80	SELF	1	\$868.98	\$140.77	\$25.00	\$1,034.75	\$939.31	\$95.44	\$0.00	\$868.98
	D80	SELF + 1 DEPENDENT	2	\$1,737.96	\$140.77	\$25.00	\$1,903.73	\$651.79	\$1,251.94	\$1,086.17	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,259.35	\$140.77	\$25.00	\$2,425.12	\$651.79	\$1,773.33	\$1,607.56	\$651.79
Anthem HMO Traditional											
AHT1	E80	SELF	1	\$1,184.84	\$140.77	\$25.00	\$1,350.61	\$651.79	\$698.82	\$533.05	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$2,369.68	\$140.77	\$25.00	\$2,535.45	\$651.79	\$1,883.66	\$1,717.89	\$651.79
	F80	SELF + DEPENDENTS	3	\$3,080.58	\$140.77	\$25.00	\$3,246.35	\$651.79	\$2,594.56	\$2,428.79	\$651.79
United HealthCare HMO PLAN											
UN01	E80	SELF	1	\$899.94	\$140.77	\$899.94	\$1,940.65	\$651.79	\$1,288.86	\$248.15	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,799.88	\$140.77	\$1,799.88	\$3,740.53	\$651.79	\$3,088.74	\$1,148.09	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,339.84	\$140.77	\$2,339.84	\$4,820.45	\$651.79	\$4,168.66	\$1,688.05	\$651.79
HealthNet SmartCare HMO PLAN											
HN01	E80	SELF	1	\$1,000.52	\$140.77	\$25.00	\$1,166.29	\$939.31	\$226.98	\$0.00	\$1,000.52
	D80	SELF + 1 DEPENDENT	2	\$2,001.04	\$140.77	\$25.00	\$2,166.81	\$651.79	\$1,515.02	\$1,349.25	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,601.35	\$140.77	\$25.00	\$2,767.12	\$651.79	\$2,115.33	\$1,949.56	\$651.79
Western Health Advantage HMO PLAN											
	E80	SELF	1	\$731.96	\$140.77	\$25.00	\$897.73	\$651.79	\$245.94	\$80.17	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,463.92	\$140.77	\$25.00	\$1,629.69	\$651.79	\$977.90	\$812.13	\$651.79
	F80	SELF + DEPENDENTS	3	\$1,903.10	\$140.77	\$25.00	\$2,068.87	\$651.79	\$1,417.08	\$1,251.31	\$651.79

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