PAYROLL USE ONLY

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REGION 1 2020 MATRIX

LPPA 60% EMPLOYEES WITH 2016 CAPS

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

MEI	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/18	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
	KAISER	НМО									
KP01	E70	SELF	1	\$768.49	\$145.64	\$25.00	\$939.13	\$463.23	\$ 475.90	\$305.26	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,536.98	\$145.64	\$25.00	\$1,707.62	\$463.23	\$1,244.39	\$1,073.75	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,998.07	\$145.64	\$25.00	\$2,168.71	\$463.23	\$1,705.48	\$1,534.84	\$463.23
BLU	E SHIELD ACCESS	НМО									
BA01	E70	SELF	1	\$1,127.77	\$145.64	\$25.00	\$1,298.41	\$463.23	\$835.18	\$664.54	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$2,255.54	\$145.64	\$25.00	\$2,426.18	\$463.23	\$1,962.95	\$1,792.31	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,932.20	\$145.64	\$25.00	\$3,102.84	\$463.23	\$2,639.61	\$2,468.97	\$463.23
BL	UE SHIELD TRIO	НМО									
	E70	SELF	1	\$833.00	\$145.64	\$25.00	\$1,003.64	\$463.23	\$540.41	\$369.77	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,666.00	\$145.64	\$25.00	\$1,836.64	\$463.23	\$1,373.41	\$1,202.77	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,165.80	\$145.64	\$25.00	\$2,336.44	\$463.23	\$1,873.21	\$1,702.57	\$463.23
Athem	Blue Cross- PERS	3									
	CHOICE	PPO 80/20									
CH01	E70	SELF	1	\$861.18	\$145.64	\$25.00	\$1,031.82	\$463.23	\$568.59	\$397.95	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,722.36	\$145.64	\$25.00	\$1,893.00	\$463.23	\$1,429.77	\$1,259.13	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,239.07	\$145.64	\$25.00	\$2,409.71	\$463.23	\$1,946.48	\$1,775.84	\$463.23
1	PERS SELECT	PPO 80/20									
SE01	E70	SELF	1	\$520.29	\$145.64	\$25.00	\$690.93	\$463.23	\$227.70	\$57.06	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,040.58	\$145.64	\$25.00	\$1,211.22	\$463.23	\$747.99	\$577.35	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,352.75	\$145.64	\$25.00	\$1,523.39	\$463.23	\$1,060.16	\$889.52	\$463.23
	PERS CARE	PPO 90/10									
	E70	SELF	1	\$1,133.14	\$145.64	\$25.00	\$1,303.78	\$463.23	\$840.55	\$669.91	\$463.23
CA01	1 1 ()	JLLI	1	" ,					-	-	
CA01	D70	SELF + 1 DEPENDENT	2	\$2,266.28	\$145.64	\$25.00	\$2,436.92	\$463.23	\$1,973.69	\$1,803.05	\$463.23

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

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1 2

3

SELF + DEPENDENTS

SELF + 1 DEPENDENT

SELF + DEPENDENTS

HMO PLAN

SELF

LPPA 60% EMPLOYEES WITH 2016 CAPS PAYROLL USE ONLY Rates effective with paychecks 12/31/19 to 11/30/20; Insurance Effective on 1/1/20 EEΕR **EMPLOYEE BENEFITS** DISTRICT Health Health **COST PER** MEDICAL PROVIDER **PLAN** TIERS MEDICAL DENTAL VISION **TOTAL** CAP MONTH Cost Cost eff 9/30/18 eff 9-1-15 Anthem HMO Select SE01 E70 SELF 1 \$868.98 \$145.64 \$25.00 \$1.039.62 \$463.23 \$576.39 \$405.75 \$463.23 2 D70 \$1,737.96 \$145.64 \$25.00 \$1,908.60 \$463.23 \$1,445.37 \$1,274.73 SELF + 1 DEPENDENT \$463.23 3 \$2,259.35 \$145.64 \$25.00 \$2,429.99 \$463.23 \$1,966.76 \$1,796.12 \$463.23 F70 SELF + DEPENDENTS Anthem HMO Traditional AHT1 E70 **SELF** 1 \$1,184.84 \$145.64 \$25.00 \$1,355.48 \$463.23 \$892.25 \$721.61 \$463.23 2 D70 SELF + 1 DEPENDENT \$2,369.68 \$145.64 \$25.00 \$2,540.32 \$463.23 \$2,077.09 \$1,906.45 \$463.23 F70 SELF + DEPENDENTS 3 \$3,080.58 \$145.64 \$25.00 \$3,251.22 \$463.23 \$2,787.99 \$2,617.35 \$463.23 United HealthCare **HMO PLAN** UN01 E70 1 \$899.94 \$145.64 \$25.00 \$1,070.58 \$463.23 \$607.35 \$436.71 \$463.23 SELF D70 2 \$1,799.88 \$145.64 \$25.00 \$1,970.52 \$463.23 \$1,507.29 \$1,336.65 \$463.23 SELF + 1 DEPENDENT 3 \$2,339.84 \$145.64 \$25.00 \$2,510.48 \$463.23 \$2,047.25 \$1,876.61 \$463.23 F70 SELF + DEPENDENTS Health Net Smart Care **HMO PLAN** E70 HN01 **SELF** 1 \$1,000.52 \$145.64 \$25.00 \$1,171.16 \$463.23 \$707.93 \$537.29 \$463.23 2 \$463.23 D70 SELF + 1 DEPENDENT \$2,001.04 \$145.64 \$25.00 \$2,171.68 \$1,708.45 \$1,537.81 \$463.23

rates are subject to change throughout the year

E70

WHA

F70

Western Health Advantage

D70

F70

\$2,601.35

\$731.96

\$1,463.92

\$1,903.10

\$145.64

\$145.64

\$145.64

\$145.64

\$25.00

\$25.00

\$25.00

\$25.00

\$2,771.99

\$902.60

\$1,634.56

\$2,073.74

\$463.23

\$463.23

\$463.23

\$463.23

\$2,308.76

\$439.37

\$1,171.33

\$1,610.51

\$2,138.12

\$268.73

\$1,000.69

\$1,439.87

\$463.23

\$463.23

\$463.23

\$463.23

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, Tuolomne, Yolo and Yuba

[.]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**