PAYROLL USE ONLY

REGION 1 2021 MATRIX

Lodi A

LPPA 55% EMPLOYEES WITH 2021 CAPS

Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21

MEDICAL PROVIDER			ates effective with	. payeneens 12, 31, 20	, to 11, 50, 21, 110	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
		PLAN	TIERS	MEDICAL	DENTAL eff 9/30/20						
	22 4030										
	KAISER	HMO									
KP01	E70	SELF	1	\$813.64	\$142.16	\$25.00	\$980.80	\$366.56	\$614.24	\$447.08	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$1,627.28	\$142.16	\$25.00	\$1,794.44	\$366.56	\$1,427.88	\$1,260.72	\$366.56
	F70	SELF + DEPENDENTS	3	\$2,115.46	\$142.16	\$25.00	\$2,282.62	\$366.56	\$1,916.06	\$1,748.90	\$366.56
	32 4010										
	E SHIELD ACCESS	HMO									
BA01	E70	SELF	1	\$1,170.08	\$142.16	\$25.00	\$1,337.24	\$366.56	\$970.68	\$803.52	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$2,340.16	\$142.16	\$25.00	\$2,507.32	\$366.56	\$2,140.76	\$1,973.60	\$366.56
	F70	SELF + DEPENDENTS	3	\$3,042.21	\$142.16	\$25.00	\$3,209.37	\$366.56	\$2,842.81	\$2,675.65	\$366.56
BL	UE SHIELD TRIO	НМО									
BA01	E70	SELF	1	\$880.50	\$142.16	\$25.00	\$1,047.66	\$366.56	\$681.10	\$513.94	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$1,761.00	\$142.16	\$25.00	\$1,928.16	\$366.56	\$1,561.60	\$1,394.44	\$366.56
	F70	SELF + DEPENDENTS	3	\$2,289.30	\$142.16	\$25.00	\$2,456.46	\$366.56	\$2,089.90	\$1,922.74	\$366.56
	41 4040										
Athem	Blue Cross- PERS										
	CHOICE	PPO 80/10									
CH01	E70	SELF	1	\$935.84	\$142.16	\$25.00	\$1,103.00	\$366.56	\$736.44	\$569.28	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$1,871.68	\$142.16	\$25.00	\$2,038.84	\$366.56	\$1,672.28	\$1,505.12	\$366.56
	F70	SELF + DEPENDENTS	3	\$2,433.18	\$142.16	\$25.00	\$2,600.34	\$366.56	\$2,233.78	\$2,066.62	\$366.56
	42 4050										
P	PERS SELECT	PPO 80/20									
SE01	E70	SELF	1	\$566.67	\$142.16	\$25.00	\$733.83	\$366.56	\$367.27	\$200.11	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$1,133.34	\$142.16	\$25.00	\$1,300.50	\$366.56	\$933.94	\$766.78	\$366.56
	F70	SELF + DEPENDENTS	3	\$1,473.34	\$142.16	\$25.00	\$1,640.50	\$366.56	\$1,273.94	\$1,106.78	\$366.56
	43 4060										
	PERS CARE	PPO 90/10									
CA01	E70	SELF	1	\$1,294.69	\$142.16	\$25.00	\$1,461.85	\$366.56	\$1,095.29	\$928.13	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$2,589.38	\$142.16	\$25.00	\$2,756.54	\$366.56	\$2,389.98	\$2,222.82	\$366.56
	F70	SELF + DEPENDENTS	3	\$3,366.19	\$142.16	\$25.00	\$3,533.35	\$366.56	\$3,166.79	\$2,999.63	\$366.56

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 2021 MATRIX

LPPA 55% EMPLOYEES WITH 2021 CAPS

Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21

MED:	ICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/20	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem	HMO Select										
SE01	E70	SELF	1	\$925.60	\$142.16	\$25.00	\$1,092.76	\$366.56	\$726.20	\$559.04	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$1,851.20	\$142.16	\$25.00	\$2,018.36	\$366.56	\$1,651.80	\$1,484.64	\$366.56
	F70	SELF + DEPENDENTS	3	\$2,406.56	\$142.16	\$25.00	\$2,573.72	\$366.56	\$2,207.16	\$2,040.00	\$366.56
Anthem	HMO Traditional										
АНТ1	E70	SELF	1	\$1,307.86	\$142.16	\$25.00	\$1,475.02	\$366.56	\$1,108.46	\$941.30	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$2,615.72	\$142.16	\$25.00	\$2,782.88	\$366.56	\$2,416.32	\$2,249.16	\$366.56
	F70	SELF + DEPENDENTS	3	\$3,400.44	\$142.16	\$25.00	\$3,567.60	\$366.56	\$3,201.04	\$3,033.88	\$366.56
United 1	HealthCare	HMO PLAN									
UN01	E70	SELF	1	\$941.17	\$142.16	\$25.00	\$1,108.33	\$366.56	\$741.77	\$574.61	\$366.56
UINUI	D70	SELF + 1 DEPENDENT	2	\$1,882.34	\$142.16	\$25.00	\$2,049.50	\$366.56	\$1,682.94	\$1,515.78	\$366.56
	F70	SELF + DEPENDENTS	3	\$2,447.04	\$142.16	\$25.00	\$2,614.20	\$366.56	\$2,247.64	\$2,080.48	\$366.56
Health I	Net Smart Care	HMO PLAN									
HN01	E70	SELF	1	\$ 1,120.21	\$142.16	\$25.00	\$1,287.37	\$366.56	\$ 920.81	\$753.65	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$ 2,240.42	\$142.16	\$25.00	\$2,407.58	\$366.56		\$1,873.86	\$366.56
	F70	SELF + DEPENDENTS	3	\$ 2,912.55	\$142.16	\$25.00	\$3,079.71	\$366.56		\$2,545.99	\$366.56
Western	n Health Advantage	HMO PLAN									
WHA	E70	SELF	1	\$ 757.02	\$142.16	\$25.00	\$924.18	\$366.56	\$ 557.62	\$390.46	\$366.56
	D70	SELF + 1 DEPENDENT	2	\$ 1,514.04	\$142.16	\$25.00	\$1,681.20	\$366.56	1,314.64	\$1,147.48	\$366.56
	F70	SELF + DEPENDENTS	3	\$ 1,968.25	\$142.16	\$25.00	\$2,135.41	\$366.56	1,768.85	\$1,601.69	\$366.56

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rates are subject to change throughout the year

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 *

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