



REGION 1 2020 MATRIX

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LPPA 85% EMPLOYEES WITH 2016 CAPS

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

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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	Health Cost	Health Cost
				eff 9/30/18	eff 9-1-15						
KAISER		HMO									
KP01	E70	SELF	1	\$768.49	\$145.64	\$25.00	\$939.13	\$656.24	\$282.89	\$112.25	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,536.98	\$145.64	\$25.00	\$1,707.62	\$656.24	\$1,051.38	\$880.74	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,998.07	\$145.64	\$25.00	\$2,168.71	\$656.24	\$1,512.47	\$1,341.83	\$656.24
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$1,127.77	\$145.64	\$25.00	\$1,298.41	\$656.24	\$642.17	\$471.53	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$2,255.54	\$145.64	\$25.00	\$2,426.18	\$656.24	\$1,769.94	\$1,599.30	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,932.20	\$145.64	\$25.00	\$3,102.84	\$656.24	\$2,446.60	\$2,275.96	\$656.24
BLUE SHIELD TRIO		HMO									
BA01	E70	SELF	1	\$833.00	\$145.64	\$25.00	\$1,003.64	\$656.24	\$347.40	\$176.76	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,666.00	\$145.64	\$25.00	\$1,836.64	\$656.24	\$1,180.40	\$1,009.76	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,165.80	\$145.64	\$25.00	\$2,336.44	\$656.24	\$1,680.20	\$1,509.56	\$656.24
Athem Blue Cross-PERS CHOICE		PPO 80//20									
CH01	E70	SELF	1	\$861.18	\$145.64	\$25.00	\$1,031.82	\$656.24	\$375.58	\$204.94	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,722.36	\$145.64	\$25.00	\$1,893.00	\$656.24	\$1,236.76	\$1,066.12	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,239.07	\$145.64	\$25.00	\$2,409.71	\$656.24	\$1,753.47	\$1,582.83	\$656.24
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$520.29	\$145.64	\$25.00	\$690.93	\$656.24	\$34.69	\$0.00	\$520.29
	D70	SELF + 1 DEPENDENT	2	\$1,040.58	\$145.64	\$25.00	\$1,211.22	\$656.24	\$554.98	\$384.34	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,352.75	\$145.64	\$25.00	\$1,523.39	\$656.24	\$867.15	\$696.51	\$656.24
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$1,133.14	\$145.64	\$25.00	\$1,303.78	\$656.24	\$647.54	\$476.90	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$2,266.28	\$145.64	\$25.00	\$2,436.92	\$656.24	\$1,780.68	\$1,610.04	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,946.16	\$145.64	\$25.00	\$3,116.80	\$656.24	\$2,460.56	\$2,289.92	\$656.24

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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Rates effective with paychecks 12/31/19 to 11/30/20; Insurance Effective on 1/1/20										EE Health Cost	ER Health Cost
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH		
				eff 9/30/18	eff 9-1-15						
Anthem HMO Select											
SE01	E70	SELF	1	\$868.98	\$145.64	\$25.00	\$1,039.62	\$656.24	\$383.38	\$212.74	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,737.96	\$145.64	\$25.00	\$1,908.60	\$656.24	\$1,252.36	\$1,081.72	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,259.35	\$145.64	\$25.00	\$2,429.99	\$656.24	\$1,773.75	\$1,603.11	\$656.24
Anthem HMO Traditional											
AHT1	E70	SELF	1	\$1,184.84	\$145.64	\$25.00	\$1,355.48	\$656.24	\$699.24	\$528.60	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$2,369.68	\$145.64	\$25.00	\$2,540.32	\$656.24	\$1,884.08	\$1,713.44	\$656.24
	F70	SELF + DEPENDENTS	3	\$3,080.58	\$145.64	\$25.00	\$3,251.22	\$656.24	\$2,594.98	\$2,424.34	\$656.24
United HealthCare HMO PLAN											
UN01	E70	SELF	1	\$899.94	\$145.64	\$25.00	\$1,070.58	\$656.24	\$414.34	\$243.70	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,799.88	\$145.64	\$25.00	\$1,970.52	\$656.24	\$1,314.28	\$1,143.64	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,339.84	\$145.64	\$25.00	\$2,510.48	\$656.24	\$1,854.24	\$1,683.60	\$656.24
Health Net Smart Care HMO PLAN											
HN01	E70	SELF	1	\$ 1,000.52	\$145.64	\$25.00	\$1,171.16	\$656.24	\$ 514.92	\$344.28	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$ 2,001.04	\$145.64	\$25.00	\$2,171.68	\$656.24	\$ 1,515.44	\$1,344.80	\$656.24
	F70	SELF + DEPENDENTS	3	\$ 2,601.35	\$145.64	\$25.00	\$2,771.99	\$656.24	\$ 2,115.75	\$1,945.11	\$656.24
Western Health Advantage HMO PLAN											
WHA	E70	SELF	1	\$ 731.96	\$145.64	\$25.00	\$902.60	\$656.24	\$ 246.36	\$75.72	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$ 1,463.92	\$145.64	\$25.00	\$1,634.56	\$656.24	\$ 978.32	\$807.68	\$656.24
	F70	SELF + DEPENDENTS	3	\$ 1,903.10	\$145.64	\$25.00	\$2,073.74	\$656.24	\$ 1,417.50	\$1,246.86	\$656.24

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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