

REGION 1 2021 MATRIX

LPPA 85% EMPLOYEES WITH 2021 CAPS PAYROLL USE ONLY Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21 EE ER EMPLOYEE BENEFITS DISTRICT Health Health COST PER MEDICAL PROVIDER **PLAN** TIERS MEDICAL DENTAL **TOTAL** VISION CAP MONTH Cost Cost eff 9/30/20 eff 9-1-15 **KAISER** HMO KP01 E70 SELF 1 \$813.64 \$142.16 \$25.00 \$980.80 \$566.51 \$414.29 \$247.13 \$566.51 2 \$566.51 \$1,227.93 \$1,627.28 \$142.16 \$25.00 \$1,794.44 \$1.060.77 \$566.51 D70SELF + 1 DEPENDENT 3 F70 SELF + DEPENDENTS \$2,115.46 \$142.16 \$25.00 \$2,282.62 \$566.51 \$1,716.11 \$1,548.95 \$566.51 BLUE SHIELD ACCESS **HMO** BA01 E70 SELF 1 \$1,170.08 \$142.16 \$25.00 \$1,337.24 \$566.51 \$770.73 \$603.57 \$566.51 **D**70 2 \$2,340.16 \$142.16 \$25.00 \$2,507.32 \$566.51 \$1,940.81 \$1,773.65 \$566.51 SELF + 1 DEPENDENT 3 \$2,642.86 \$566.51 F70 SELF + DEPENDENTS \$3,042.21 \$142.16 \$25.00 \$3,209.37 \$566.51 \$2,475.70 **HMO** BLUE SHIELD TRIO \$880.50 \$142.16 \$25.00 \$1,047.66 \$566.51 \$481.15 \$313.99 \$566.51 BA01 E70 SELF 1 2 **D**70 SELF + 1 DEPENDENT \$1,761.00 \$142.16 \$25.00 \$1,928.16 \$566.51 \$1,361.65 \$1,194.49 \$566.51 3 \$2,289.30 \$566.51 \$1,889.95 \$1,722.79 \$566.51 F70 SELF + DEPENDENTS \$142.16 \$25.00 \$2,456.46 Athem Blue Cross-PERS CHOICE PPO 80//20 CH01 E70 \$935.84 \$142.16 \$25.00 \$1,103.00 \$566.51 \$536.49 \$369.33 \$566.51 SELF 1 2 D70SELF + 1 DEPENDENT \$1,871.68 \$142.16 \$25.00 \$2,038.84 \$566.51 \$1,472.33 \$1,305.17 \$566.51 3 \$2,433.18 \$142.16 \$25.00 \$2,600.34 \$566.51 \$2,033.83 \$566.51 F70 \$1,866.67 SELF + DEPENDENTS PERS SELECT PPO 80/20 SE01 E70 SELF 1 \$566.67 \$142.16 \$25.00 \$733.83 \$566.51 \$167.32 \$0.00 \$566.67 **D**70 2 \$1,133.34 \$142.16 \$25.00 \$1,300.50 \$566.51 \$733.99 \$566.51 SELF + 1 DEPENDENT \$566.83 3 F70 SELF + DEPENDENTS \$1,473.34 \$142.16 \$25.00 \$1,640.50 \$566.51 \$1,073.99 \$906.83 \$566.51 PERS CARE PPO 90/10 E70 \$895.34 \$728.18 CA01 **SELF** 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$566.51 \$566.51

F70 rates are subject to change throughout the year

D70

\$2,589.38

\$3,366.19

2

3

SELF + 1 DEPENDENT

SELF + DEPENDENTS

\$142.16

\$142.16

\$25.00

\$25.00

\$2,756.54

\$3,533.35

\$566.51

\$566.51

\$2,190.03

\$2,966.84

\$2,022.87

\$2,799.68

\$566.51

\$566.51

[.]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 85% EMPLOYEES WITH 2021 CAPS Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21 ONLY

MEDICAL 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	\$566.51	\$526.25	\$359.09	\$566.51
	D70	SELF + 1 DEPENDENT	2	\$1,851.20	\$142.16	\$25.00	\$2,018.36	\$566.51	\$1,451.85	\$1,284.69	\$566.51
	F70	SELF + DEPENDENTS	3	\$2,406.56	\$142.16	\$25.00	\$2,573.72	\$566.51	\$2,007.21	\$1,840.05	\$566.51
Anthom	HMO Traditional										
АНТ1	E70	SELF	1	\$1,307.86	\$142.16	\$25.00	\$1,475.02	\$566.51	\$908.51	\$741.35	\$566.51
	D70	SELF + 1 DEPENDENT	2	\$2,615.72	\$142.16	\$25.00	\$2,782.88	\$566.51	\$2,216.37	\$2,049.21	\$566.51
	F70	SELF + DEPENDENTS	3	\$3,400.44	\$142.16	\$25.00	\$3,567.60	\$566.51	\$3,001.09	\$2,833.93	\$566.51
	1.40	SEEF DEFENDENTS	<i>J</i>	ψ3,π00.ππ	ψ1+2.10	Ψ23.00	ψ3,307.00	Ψ300.31	φ5,001.02	Ψ2,033.73	ψ500.51
United 1	HealthCare	HMO PLAN									
UN01	E70	SELF	1	\$941.17	\$142.16	\$25.00	\$1,108.33	\$566.51	\$541.82	\$374.66	\$566.51
	D70	SELF + 1 DEPENDENT	2	\$1,882.34	\$142.16	\$25.00	\$2,049.50	\$566.51	\$1,482.99	\$1,315.83	\$566.51
	F70	SELF + DEPENDENTS	3	\$2,447.04	\$142.16	\$25.00	\$2,614.20	\$566.51	\$2,047.69	\$1,880.53	\$566.51
Health 1	Net Smart Care	HMO PLAN									
HN01	E70	SELF	1	\$ 1,120.21	\$142.16	\$25.00	\$1,287.37	\$566.51	\$ 720.86	\$553.70	\$566.51
	D70	SELF + 1 DEPENDENT	2	\$ 2,240.42	\$142.16	\$25.00	\$2,407.58	\$566.51		\$1,673.91	\$566.51
	F70	SELF + DEPENDENTS	3	\$ 2,912.55	\$142.16	\$25.00	\$3,079.71	\$566.51	" ,	\$2,346.04	\$566.51
Western	n Health Advantage	HMO PLAN									
WHA	E70	SELF	1	\$ 757.02	\$142.16	\$25.00	\$924.18	\$566.51	\$ 357.67	\$190.51	\$566.51
	D70	SELF + 1 DEPENDENT	2	\$ 1,514.04	\$142.16	\$25.00	\$1,681.20	\$566.51	\$ 1,114.69	\$947.53	\$566.51
	F70	SELF + DEPENDENTS	3	\$ 1,968.25	\$142.16	\$25.00	\$2,135.41	\$566.51	\$ 1,568.90	\$1,401.74	\$566.51

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

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