REGION 1 2021 MATRIX

Lodi 🔭
Unified School District

LOCI 75% EMPLOYEES WITH 2021 CAPS Unified School District Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21									PAYROLL USE ONLY		
	EDICAL 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
	KAISER	НМО									
KP01	E70	SELF	1	\$813.64	\$142.16	\$25.00	\$980.80	\$499.86	\$480.94	\$313.78	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,627.28	\$142.16	\$25.00	\$1,794.44	\$499.86	\$1,294.58	\$1,127.42	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,115.46	\$142.16	\$25.00	\$2,282.62	\$499.86	\$1,782.76	\$1,615.60	\$499.86
В	LUE SHIELD ACCESS	НМО									
BA01	E70	SELF	1	\$1,170.08	\$142.16	\$25.00	\$1,337.24	\$499.86	\$837.38	\$670.22	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$2,340.16	\$142.16	\$25.00	\$2,507.32	\$499.86	\$2,007.46	\$1,840.30	\$499.86
	F70	SELF + DEPENDENTS	3	\$3,042.21	\$142.16	\$25.00	\$3,209.37	\$499.86	\$2,709.51	\$2,542.35	\$499.86
	BLUE SHIELD TRIO	НМО									
BA01	E70	SELF	1	\$880.50	\$142.16	\$25.00	\$1,047.66	\$499.86	\$547.80	\$380.64	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,761.00	\$142.16	\$25.00	\$1,928.16	\$499.86	\$1,428.30	\$1,261.14	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,289.30	\$142.16	\$25.00	\$2,456.46	\$499.86	\$1,956.60	\$1,789.44	\$499.86
Ather	n Blue Cross- PERS	3									
	CHOICE	PPO 80/20									
CH01	E70	SELF	1	\$935.84	\$142.16	\$25.00	\$1,103.00	\$499.86	\$603.14	\$435.98	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,871.68	\$142.16	\$25.00	\$2,038.84	\$499.86	\$1,538.98	\$1,371.82	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,433.18	\$142.16	\$25.00	\$2,600.34	\$499.86	\$2,100.48	\$1,933.32	\$499.86
	42 4050										
	PERS SELECT	PPO 80/20									
SE01	E70	SELF	1	\$566.67	\$142.16	\$25.00	\$733.83	\$499.86	\$233.97	\$66.81	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,133.34	\$142.16	\$25.00	\$1,300.50	\$499.86	\$800.64	\$633.48	\$499.86
	F70	SELF + DEPENDENTS	3	\$1,473.34	\$142.16	\$25.00	\$1,640.50	\$499.86	\$1,140.64	\$973.48	\$499.86
	43 4060										
	PERS CARE	PPO 90/10									
CA01	E70	SELF	1	\$1,294.69	\$142.16	\$25.00	\$1,461.85	\$499.86	\$961.99	\$794.83	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$2,589.38	\$142.16	\$25.00	\$2,756.54	\$499.86	\$2,256.68	\$2,089.52	\$499.86
	F70	SELF + DEPENDENTS	3	\$3,366.19	\$142.16	\$25.00	\$3,533.35	\$499.86	\$3,033.49	\$2,866.33	\$499.86

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 75% EMPLOYEES WITH 2021 CAPS

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

Unij	Unified School District Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21						07.002				
MED	OICAL 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
A .1	TIMO C. I.										
	HMO Select		4	#005 (0	#1.10.1 (#25 00	#4 00 0 T 4	#400.04	# F02.00	* 405.54	# 400 07
SE01	E70	SELF	1	\$925.60	\$142.16	\$25.00	\$1,092.76	\$499.86	\$592.90	\$425.74	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,851.20	\$142.16	\$25.00	\$2,018.36	\$499.86	\$1,518.50	\$1,351.34	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,406.56	\$142.16	\$25.00	\$2,573.72	\$499.86	\$2,073.86	\$1,906.70	\$499.86
Anthem	HMO Traditional										
AHT1	E70	SELF	1	\$1,307.86	\$142.16	\$25.00	\$1,475.02	\$499.86	\$975.16	\$808.00	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$2,615.72	\$142.16	\$25.00	\$2,782.88	\$499.86	\$2,283.02	\$2,115.86	\$499.86
	F70	SELF + DEPENDENTS	3	\$3,400.44	\$142.16	\$25.00	\$3,567.60	\$499.86	\$3,067.74	\$2,900.58	\$499.86
	170	SELI I DEI ENDENTS	3	ψ5,100.11	ψ1 12.10	¥25.00	ψ3,307.00	ψ 122.00	ψ3,007.71	\$2,700.30	ψ122.00
United	HealthCare	HMO PLAN									
UN01	E70	SELF	1	\$941.17	\$142.16	\$25.00	\$1,108.33	\$499.86	\$608.47	\$441.31	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,882.34	\$142.16	\$25.00	\$2,049.50	\$499.86	\$1,549.64	\$1,382.48	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,447.04	\$142.16	\$25.00	\$2,614.20	\$499.86	\$2,114.34	\$1,947.18	\$499.86
TT1/1-	Niet Consul Cons	IIMO DI ANI									
	Net Smart Care	HMO PLAN	4	#4.420.24	#1.10.1	#25 00	#4 2 07 27	# 400.06	ф 707.F4	#K20.25	# 400.07
HN01	E70	SELF	1	\$1,120.21	\$142.16	\$25.00	\$1,287.37	\$499.86		\$620.35	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$2,240.42	\$142.16	\$25.00	\$2,407.58	\$499.86	" ,	\$1,740.56	\$499.86
	F70	SELF + DEPENDENTS	3	\$2,912.55	\$142.16	\$25.00	\$3,079.71	\$499.86	\$ 2,579.85	\$2,412.69	\$499.86
Wester	n Health Advantage	HMO PLAN									
WHA	E70	SELF	1	\$757.02	\$142.16	\$25.00	\$924.18	\$499.86	\$ 424.32	\$257.16	\$499.86
	D70	SELF + 1 DEPENDENT	2	\$1,514.04	\$142.16	\$25.00	\$1,681.20	\$499.86		\$1,014.18	\$499.86
	F70	SELF + DEPENDENTS	3	\$1,968.25	\$142.16	\$25.00	\$2,135.41	\$499.86		\$1,468.39	\$499.86

PAYROLL USE ONLY

rates are subject to change throughout the year

Basic Premiums - REGION 1 (plans are by Zip Code)
Anameda, Alpine, Amador, Butte, Caraveras, Colusa, Contra Costa, Bel Norte, El Borado, 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

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