



REGION 1 2021 MATRIX

LEA 80% EMPLOYEES WITH 2021 CAPS

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

0.8

PAYROLL USE
ONLY

| MEDICAL PROVIDER | | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | EE Health Cost | ER Health Cost |
|-------------------------------------|-----|---------------------------|-------|------------|----------|---------|-------------------|-----------------|-------------------------------|----------------------|----------------------|
| KAISER | | HMO | | | | | | | | | |
| KP01 | E60 | SELF | 1 | \$813.64 | \$138.96 | \$20.00 | \$972.60 | \$487.62 | \$484.98 | \$326.02 | \$487.62 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,627.28 | \$138.96 | \$20.00 | \$1,786.24 | \$895.55 | \$890.69 | \$731.73 | \$895.55 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,115.46 | \$138.96 | \$20.00 | \$2,274.42 | \$1,140.30 | \$1,134.12 | \$975.16 | \$1,140.30 |
| BLUE SHIELD ACCESS | | HMO | | | | | | | | | |
| BA01 | E60 | SELF | 1 | \$1,170.08 | \$138.96 | \$20.00 | \$1,329.04 | \$676.56 | \$652.48 | \$493.52 | \$676.56 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$2,340.16 | \$138.96 | \$20.00 | \$2,499.12 | \$1,272.21 | \$1,226.91 | \$1,067.95 | \$1,272.21 |
| | F60 | SELF + DEPENDENTS | 3 | \$3,042.21 | \$138.96 | \$20.00 | \$3,201.17 | \$1,629.59 | \$1,571.58 | \$1,412.62 | \$1,629.59 |
| BLUE SHIELD TRIO | | HMO | | | | | | | | | |
| | E60 | SELF | 1 | \$880.50 | \$138.96 | \$20.00 | \$1,039.46 | \$503.10 | \$536.36 | \$377.40 | \$503.10 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,761.00 | \$138.96 | \$20.00 | \$1,919.96 | \$929.26 | \$990.70 | \$831.74 | \$929.26 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,289.30 | \$138.96 | \$20.00 | \$2,448.26 | \$1,184.96 | \$1,263.30 | \$1,104.34 | \$1,184.96 |
| Athem Blue Cross- CHOICE | | PERS PPO 80/20 | | | | | | | | | |
| CH01 | E60 | SELF | 1 | \$935.84 | \$138.96 | \$20.00 | \$1,094.80 | \$523.31 | \$571.49 | \$412.53 | \$523.31 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,871.68 | \$138.96 | \$20.00 | \$2,030.64 | \$970.65 | \$1,059.99 | \$901.03 | \$970.65 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,433.18 | \$138.96 | \$20.00 | \$2,592.14 | \$1,239.04 | \$1,353.10 | \$1,194.14 | \$1,239.04 |
| PERS SELECT | | PPO 80/20 | | | | | | | | | |
| SE01 | E60 | SELF | 1 | \$566.67 | \$138.96 | \$20.00 | \$725.63 | \$259.78 | \$465.85 | \$306.89 | \$259.78 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,133.34 | \$138.96 | \$20.00 | \$1,292.30 | \$462.64 | \$829.66 | \$670.70 | \$462.64 |
| | F60 | SELF + DEPENDENTS | 3 | \$1,473.34 | \$138.96 | \$20.00 | \$1,632.30 | \$584.36 | \$1,047.94 | \$888.98 | \$584.36 |
| PERS CARE | | PPO 90/10 | | | | | | | | | |
| CA01 | E60 | SELF | 1 | \$1,294.69 | \$138.96 | \$20.00 | \$1,453.65 | \$520.41 | \$933.24 | \$774.28 | \$520.41 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$2,589.38 | \$138.96 | \$20.00 | \$2,748.34 | \$983.90 | \$1,764.44 | \$1,605.48 | \$983.90 |
| | F60 | SELF + DEPENDENTS | 3 | \$3,366.19 | \$138.96 | \$20.00 | \$3,525.15 | \$1,262.00 | \$2,263.15 | \$2,104.19 | \$1,262.00 |

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.



REGION 1 2021 MATRIX

LEA 80% EMPLOYEES WITH 2016 CAPS

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

| | | | | | | | | | EE | ER | |
|-----------------------------------|-----|--------------------|-------|-------------|----------|---------|----------------|--------------|-------------------------|-------------|-------------|
| MEDICAL PROVIDER | | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | Health Cost | Health Cost |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E60 | SELF | 1 | \$925.60 | \$138.96 | \$20.00 | \$1,084.56 | \$379.60 | \$704.96 | \$546.00 | \$379.60 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,851.20 | \$138.96 | \$20.00 | \$2,010.16 | \$703.56 | \$1,306.60 | \$1,147.64 | \$703.56 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,406.56 | \$138.96 | \$20.00 | \$2,565.52 | \$897.94 | \$1,667.58 | \$1,508.62 | \$897.94 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E60 | SELF | 1 | \$1,307.86 | \$138.96 | \$20.00 | \$1,466.82 | \$536.86 | \$929.96 | \$771.00 | \$536.86 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$2,615.72 | \$138.96 | \$20.00 | \$2,774.68 | \$1,015.54 | \$1,759.14 | \$1,600.18 | \$1,015.54 |
| | F60 | SELF + DEPENDENTS | 3 | \$3,400.44 | \$138.96 | \$20.00 | \$3,559.40 | \$1,302.74 | \$2,256.66 | \$2,097.70 | \$1,302.74 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E60 | SELF | 1 | \$941.17 | \$138.96 | \$20.00 | \$1,100.13 | \$402.65 | \$697.48 | \$538.52 | \$402.65 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,882.34 | \$138.96 | \$20.00 | \$2,041.30 | \$747.11 | \$1,294.19 | \$1,135.23 | \$747.11 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,447.04 | \$138.96 | \$20.00 | \$2,606.00 | \$953.80 | \$1,652.20 | \$1,493.24 | \$953.80 |
| Health Net SmartCare HMO PLAN | | | | | | | | | | | |
| HN01 | E60 | SELF | 1 | \$ 1,120.21 | \$138.96 | \$20.00 | \$1,279.17 | \$457.94 | \$ 821.23 | \$662.27 | \$457.94 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$ 2,240.42 | \$138.96 | \$20.00 | \$2,399.38 | \$858.98 | \$ 1,540.40 | \$1,381.44 | \$858.98 |
| | F60 | SELF + DEPENDENTS | 3 | \$ 2,912.55 | \$138.96 | \$20.00 | \$3,071.51 | \$1,099.60 | \$ 1,971.91 | \$1,812.95 | \$1,099.60 |
| Western Health Advantage HMO PLAN | | | | | | | | | | | |
| WHA | E60 | SELF | 1 | \$ 757.02 | \$138.96 | \$20.00 | \$915.98 | \$395.70 | \$ 520.28 | \$361.32 | \$395.70 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$ 1,514.04 | \$138.96 | \$20.00 | \$1,673.00 | \$803.04 | \$ 869.96 | \$711.00 | \$803.04 |
| | F60 | SELF + DEPENDENTS | 3 | \$ 1,968.25 | \$138.96 | \$20.00 | \$2,127.21 | \$1,046.58 | \$ 1,080.63 | \$921.67 | \$1,046.58 |

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**

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

for more information go to www.calpers.ca.gov and click on Health Plan Information