PAYROLL USE ONLY

REGION I 2021 MATRIX

LPPA 90% EMPLOYEES WITH 2021 CAPS

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

MEI	DICAL 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	HMO									
KP01	E70	SELF	1	\$813.64	\$142.16	\$25.00	\$980.80	\$599.83	\$380.97	\$213.81	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$1,627.28	\$142.16	\$25.00	\$1,794.44	\$599.83	\$1,194.61	\$1,027.45	\$599.83
	F70	SELF + DEPENDENTS	3	\$2,115.46	\$142.16	\$25.00	\$2,282.62	\$599.83	\$1,682.79	\$1,515.63	\$599.83
BLU	UE SHIELD ACCESS	НМО									
BA01	E70	SELF	1	\$1,170.08	\$142.16	\$25.00	\$1,337.24	\$599.83	\$737.41	\$570.25	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$2,340.16	\$142.16	\$25.00	\$2,507.32	\$599.83	\$1,907.49	\$1,740.33	\$599.83
	F70	SELF + DEPENDENTS	3	\$3,042.21	\$142.16	\$25.00	\$3,209.37	\$599.83	\$2,609.54	\$2,442.38	\$599.83
BI	LUE SHIELD TRIO	НМО									
BA01	E70	SELF	1	\$880.50	\$142.16	\$25.00	\$1,047.66	\$599.83	\$447.83	\$280.67	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$1,761.00	\$142.16	\$25.00	\$1,928.16	\$599.83	\$1,328.33	\$1,161.17	\$599.83
	F70	SELF + DEPENDENTS	3	\$2,289.30	\$142.16	\$25.00	\$2,456.46	\$599.83	\$1,856.63	\$1,689.47	\$599.83
Athem	Blue Cross- PER	S									
	CHOICE	PPO 80/20									
CH01	E70	SELF	1	\$935.84	\$142.16	\$25.00	\$1,103.00	\$599.83	\$503.17	\$336.01	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$1,871.68	\$142.16	\$25.00	\$2,038.84	\$599.83	\$1,439.01	\$1,271.85	\$599.83
	F70	SELF + DEPENDENTS	3	\$2,433.18	\$142.16	\$25.00	\$2,600.34	\$599.83	\$2,000.51	\$1,833.35	\$599.83
		PPO 00 /00									
	PERS SELECT	PPO 80/20		# 5.44.45	# 140.16	*25 00	ФП00 00	#500.00	#424 00	***	Ф
SE01	E70	SELF	1	\$566.67	\$142.16	\$25.00	\$733.83	\$599.83	\$134.00	\$0.00	\$566.67
	D70	SELF + 1 DEPENDENT	2	\$1,133.34	\$142.16	\$25.00	\$1,300.50	\$599.83	\$700.67	\$533.51	\$599.83
	F70	SELF + DEPENDENTS	3	\$1,473.34	\$142.16	\$25.00	\$1,640.50	\$599.83	\$1,040.67	\$873.51	\$599.83
	PERS CARE	PPO 90/10									
CA01	E70	SELF	1	\$1,294.69	\$142.16	\$25.00	\$1,461.85	\$599.83	\$862.02	\$694.86	\$599.83
57107	D70	SELF + 1 DEPENDENT	2	\$2,589.38	\$142.16	\$25.00	\$2,756.54	\$599.83	\$2,156.71	\$1,989.55	\$599.83
										" ,	\$599.83
	F70	SELF + DEPENDENTS	3	\$3,366.19	\$142.16	\$25.00	\$3,533.35	\$599.83	\$2,933.52	\$2,766.36	

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 I 2021 MATRIX

LPPA 90% EMPLOYEES WITH 2021 CAPS

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

Unified School District Rates effective with paychecks 12/31/20 to 11/30/2					.0 11/30/21; Hisur	Insurance Effective on 1/1/21					
	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	\$599.83	\$492.93	\$325.77	\$599.83
31201	D70	SELF + 1 DEPENDENT	2	\$1,851.20	\$142.16	\$25.00	\$2,018.36	\$599.83	\$1,418.53	\$1,251.37	\$599.83
			2	" *	\$142.16		" *		" 7	\$1,806.73	
	F70	SELF + DEPENDENTS	3	\$2,406.56	\$142.10	\$25.00	\$2,573.72	\$599.83	\$1,973.89	\$1,800.73	\$599.83
Anthem	HMO Traditional										
AHT1	E70	SELF	1	\$1,307.86	\$142.16	\$25.00	\$1,475.02	\$599.83	\$875.19	\$708.03	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$2,615.72	\$142.16	\$25.00	\$2,782.88	\$599.83	\$2,183.05	\$2,015.89	\$599.83
	F70	SELF + DEPENDENTS	3	\$3,400.44	\$142.16	\$25.00	\$3,567.60	\$599.83	\$2,967.77	\$2,800.61	\$599.83
	170	OBER + BEFER (BEFFFE		43,100.11	W1 12110	<u> </u>	#3 , 207.00	40 ,100	₩ ~ 3× ○ / • / /	\(\frac{1}{2}\)	#077.03
United 1	HealthCare	HMO PLAN									
UN01	E70	SELF	1	\$941.17	\$142.16	\$25.00	\$1,108.33	\$599.83	\$508.50	\$341.34	\$0.00
	D70	SELF + 1 DEPENDENT	2	\$1,882.34	\$142.16	\$25.00	\$2,049.50	\$599.83	\$1,449.67	\$1,282.51	\$0.00
	F70	SELF + DEPENDENTS	3	\$2,447.04	\$142.16	\$25.00	\$2,614.20	\$599.83	\$2,014.37	\$1,847.21	\$0.00
	Net Smart Care										
HN01	E70	SELF	1	\$1,120.21	\$142.16	\$25.00	\$1,287.37	\$599.83	\$687.54	\$520.38	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$2,240.42	\$142.16	\$25.00	\$2,407.58	\$599.83	\$1,807.75	\$1,640.59	\$599.83
	F70	SELF + DEPENDENTS	3	\$2,912.55	\$142.16	\$25.00	\$3,079.71	\$599.83	\$2,479.88	\$2,312.72	\$599.83
Wester	n Health Advantage	HMO PLAN									
WHA	E70	SELF	1	\$757.02	\$142.16	\$25.00	\$924.18	\$599.83	\$324.35	\$157.19	\$599.83
	D70	SELF + 1 DEPENDENT	2	\$1,514.04	\$142.16	\$25.00	\$1,681.20	\$599.83	\$1,081.37	\$914.21	\$599.83
	F70	SELF + DEPENDENTS	3	\$1,968.25	\$142.16	\$25.00	\$2,135.41	\$599.83	\$1,535.58	\$1,368.42	\$599.83

PAYROLL USE ONLY

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 *

[.]Waiving medical coverage requires completing a HEALTH ENROLLMENT form

[.]District contributions are subject to change due to on-going bargaining group negotiations**