REGION 1

2021 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

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

	MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP *	EMPLOYEE COST PER MONTH
					MANDATORY*	MANDATORY*			
	KAISER	HMO			Eff 9-30-20	eff 1-1-16			
KP01	E30	SINGLE	1	$ 813.64	$137.41	$20.00	$ 971.05	$ -	$ 971.05
	D30	2-PARTY	2	$ 1,627.28	$137.41	$ 20.00	$ 1,784.69	$ -	$ 1,784.69
	F30	FAMILY	3	$ 2,115.46	$137.41	$ 20.00	$ 2,272.87	$ -	$ 2,272.87
	Blue Shield Access+	HMO							
BA01	E30	SINGLE	1	$ 1,170.08	$137.41	$ 20.00	$ 1,327.49	$ -	$ 1,327.49
	D30	2-PARTY	2	$ 2,340.16	$137.41	$ 20.00	$ 2,497.57	$ -	$ 2,497.57
	F30	FAMILY	3	$ 3,042.21	$137.41	$ 20.00	$ 3,199.62	$ -	$ 3,199.62
	Blue Shield TRIO	HMO							
	E30	SINGLE	1	$ 880.50	$137.41	$ 20.00	$ 1,037.91	$ -	$ 1,037.91
	D30	2-PARTY	2	$ 1,761.00	$137.41	$ 20.00	$ 1,918.41	$ -	$ 1,918.41
	F30	FAMILY	3	$ 2,289.30	$137.41	$ 20.00	$ 2,446.71	$ -	$ 2,446.71
	PERS Choice	PPO 80/20							
CH01	E30	SINGLE	1	$ 935.84	$137.41	$ 20.00	$ 1,093.25	$ -	$ 1,093.25
	D30	2-PARTY	2	$ 1,871.68	$137.41	$ 20.00	$ 2,029.09	$ -	$ 2,029.09
	F30	FAMILY	3	$ 2,433.18	$137.41	$ 20.00	$ 2,590.59	$ -	$ 2,590.59
	PERS Select	PPO 80/20							
SE01	E30	SINGLE	1	$ 566.67	$137.41	$ 20.00	$ 724.08	$ -	$ 724.08
	D30	2-PARTY	2	$ 1,133.34	$137.41	$ 20.00	$ 1,290.75	$ -	$ 1,290.75
	F30	FAMILY	3	$ 1,473.34	$137.41	$ 20.00	$ 1,630.75	$ -	$ 1,630.75
	PERSCare	PPO 90/10							
CA01	E30	SINGLE	1	$ 1,294.69	$137.41	$ 20.00	$ 1,452.10	$ -	$ 1,452.10
	D30	2-PARTY	2	$ 2,589.38	$137.41	$ 20.00	$ 2,746.79	$ -	$ 2,746.79
	F30	FAMILY	3	$ 3,366.19	$137.41	$ 20.00	$ 3,523.60	$ -	$ 3,523.60

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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL Eff 9-30-20	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
Anthem HMO Select									
AHS1	E30	**SELF**	1	$ 925.60	$137.41	$ 20.00	$ 1,083.01	$ -	$ 1,083.01
	D30	**SELF + 1 DEPENDENT**	2	$ 1,851.20	$137.41	$ 20.00	$ 2,008.61	$ -	$ 2,008.61
	F30	**SELF + DEPENDENTS**	3	$ 2,406.56	$137.41	$ 20.00	$ 2,563.97	$ -	$ 2,563.97
Anthem HMO Traditional									
AHT1	E30	**SELF**	1	$ 1,307.86	$137.41	$ 20.00	$ 1,465.27	$ -	$ 1,465.27
	D30	**SELF + 1 DEPENDENT**	2	$ 2,615.72	$137.41	$ 20.00	$ 2,773.13	$ -	$ 2,773.13
	F30	**SELF + DEPENDENTS**	3	$ 3,400.44	$137.41	$ 20.00	$ 3,557.85	$ -	$ 3,557.85
United HealthCare		**HMO PLAN**							
UN01	E30	**SELF**	1	$ 941.17	$ 941.17	$ 941.17	$ 2,823.51	$ -	$ 2,823.51
	D30	**SELF + 1 DEPENDENT**	2	$ 1,882.34	$ 1,882.34	$ 1,882.34	$ 5,647.02	$ -	$ 5,647.02
	F30	**SELF + DEPENDENTS**	3	$ 2,447.04	$ 2,447.04	$ 2,447.04	$ 7,341.12	$ -	$ 7,341.12
Health Net SmartCare									
UHC1	E30	**SELF**	1	$ 1,120.21	$137.41	$ 20.00	$ 1,277.62	$ -	$ 1,277.62
	D30	**SELF + 1 DEPENDENT**	2	$ 2,240.42	$137.41	$ 20.00	$ 2,397.83	$ -	$ 2,397.83
	F30	**SELF + DEPENDENTS**	3	$ 2,912.55	$137.41	$ 20.00	$ 3,069.96	$ -	$ 3,069.96
Western Health Advantage									
WHA	E30	**SELF**	1	$ 757.02	$137.41	$ 20.00	$ 914.43	$ -	$ 914.43
	D30	**SELF + 1 DEPENDENT**	2	$ 1,514.04	$137.41	$ 20.00	$ 1,671.45	$ -	$ 1,671.45
	F30	**SELF + DEPENDENTS**	3	$ 1,968.25	$137.41	$ 20.00	$ 2,125.66	$ -	$ 2,125.66

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, Tuolomne, Yolo and Yuba

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