



REGION 1 2021 MATRIX

revised 9-22-2020

Lodi Unified School District									SUPV 8 HOUR EMPLOYEES WITH 12-31-21 CAPS		PAYROLL USE ONLY	
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	EE Health Cost	ER Health Cost	
				*MANDATORY		*MANDATORY						
22 4030				Eff 9-30-18		eff 1-1-16						
KAISER		HMO										
KP01	E80	SELF	1	\$813.64	\$137.41	\$25.00	\$976.05	\$910.76	\$65.29	\$0.00	\$813.64	
	D80	SELF + 1 DEPENDENT	2	\$1,627.28	\$137.41	\$25.00	\$1,789.69	\$910.76	\$878.93	\$716.52	\$910.76	
	F80	SELF + DEPENDENTS	3	\$2,115.46	\$137.41	\$25.00	\$2,277.87	\$910.76	\$1,367.11	\$1,204.70	\$910.76	
32 4010												
BLUE SHIELD ACCESS		HMO										
BA01	E80	SELF	1	\$1,170.08	\$137.41	\$25.00	\$1,332.49	\$651.79	\$680.70	\$518.29	\$651.79	
	D80	SELF + 1 DEPENDENT	2	\$2,340.16	\$137.41	\$25.00	\$2,502.57	\$651.79	\$1,850.78	\$1,688.37	\$651.79	
	F80	SELF + DEPENDENTS	3	\$3,042.21	\$137.41	\$25.00	\$3,204.62	\$651.79	\$2,552.83	\$2,390.42	\$651.79	
BLUE SHIELD TRIO		HMO										
E80	SELF	1	\$880.50	\$137.41	\$25.00	\$1,042.91	\$651.79	\$391.12	\$228.71	\$651.79		
	D80	SELF + 1 DEPENDENT	2	\$1,761.00	\$137.41	\$25.00	\$1,923.41	\$651.79	\$1,271.62	\$1,109.21	\$651.79	
	F80	SELF + DEPENDENTS	3	\$2,289.30	\$137.41	\$25.00	\$2,451.71	\$651.79	\$1,799.92	\$1,637.51	\$651.79	
41 4040												
Athem Blue Cross-PERS CHOICE		PPO 80/20										
CH01	E80	SELF	1	\$935.84	\$137.41	\$25.00	\$1,098.25	\$651.79	\$446.46	\$284.05	\$651.79	
	D80	SELF + 1 DEPENDENT	2	\$1,871.68	\$137.41	\$25.00	\$2,034.09	\$910.76	\$1,123.33	\$960.92	\$910.76	
	F80	SELF + DEPENDENTS	3	\$2,433.18	\$137.41	\$25.00	\$2,595.59	\$910.76	\$1,684.83	\$1,522.42	\$910.76	
42 4050												
PERS SELECT PPO		PPO 80/20										
SE01	E80	SELF	1	\$566.67	\$137.41	\$25.00	\$729.08	\$729.08	\$0.00	\$0.00	\$566.67	
	D80	SELF + 1 DEPENDENT	2	\$1,133.34	\$137.41	\$25.00	\$1,295.75	\$910.76	\$384.99	\$222.58	\$910.76	
	F80	SELF + DEPENDENTS	3	\$1,473.34	\$137.41	\$25.00	\$1,635.75	\$651.79	\$983.96	\$821.55	\$651.79	
43 4060												
PERS CARE		PPO 90/10										
CA01	E80	SELF	1	\$1,294.69	\$137.41	\$25.00	\$1,457.10	\$651.79	\$805.31	\$642.90	\$651.79	
	D80	SELF + 1 DEPENDENT	2	\$2,589.38	\$137.41	\$25.00	\$2,751.79	\$651.79	\$2,100.00	\$1,937.59	\$651.79	
	F80	SELF + DEPENDENTS	3	\$3,366.19	\$137.41	\$25.00	\$3,528.60	\$651.79	\$2,876.81	\$2,714.40	\$651.79	

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**



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									EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP			
				*MANDATORY Eff 9-30-18	*MANDATORY eff 1-1-16						
PERS SELECT HMO											
AHS1	E80	SELF	1	\$925.60	\$137.41	\$25.00	\$1,088.01	\$910.76	\$177.25	\$14.84	\$910.76
	D80	SELF + 1 DEPENDENT	2	\$1,851.20	\$137.41	\$25.00	\$2,013.61	\$651.79	\$1,361.82	\$1,199.41	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,406.56	\$137.41	\$25.00	\$2,568.97	\$651.79	\$1,917.18	\$1,754.77	\$651.79
Anthem HMO Traditional											
AHT1	E80	SELF	1	\$1,307.86	\$137.41	\$25.00	\$1,470.27	\$651.79	\$818.48	\$656.07	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$2,615.72	\$137.41	\$25.00	\$2,778.13	\$651.79	\$2,126.34	\$1,963.93	\$651.79
	F80	SELF + DEPENDENTS	3	\$3,400.44	\$137.41	\$25.00	\$3,562.85	\$651.79	\$2,911.06	\$2,748.65	\$651.79
United HealthCare HMO PLAN											
UN01	E80	SELF	1	\$941.17	\$137.41	\$941.17	\$2,019.75	\$651.79	\$1,367.96	\$289.38	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,882.34	\$137.41	\$1,882.34	\$3,902.09	\$651.79	\$3,250.30	\$1,230.55	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,447.04	\$137.41	\$2,447.04	\$5,031.49	\$651.79	\$4,379.70	\$1,795.25	\$651.79
HealthNet SmartCare HMO PLAN											
HN01	E80	SELF	1	\$1,120.21	\$137.41	\$25.00	\$1,282.62	\$910.76	\$371.86	\$209.45	\$910.76
	D80	SELF + 1 DEPENDENT	2	\$2,240.42	\$137.41	\$25.00	\$2,402.83	\$651.79	\$1,751.04	\$1,588.63	\$651.79
	F80	SELF + DEPENDENTS	3	\$2,912.55	\$137.41	\$25.00	\$3,074.96	\$651.79	\$2,423.17	\$2,260.76	\$651.79
Western Health Advantage HMO PLAN											
		SELF	1	\$757.02	\$137.41	\$25.00	\$919.43	\$651.79	\$267.64	\$105.23	\$651.79
	D80	SELF + 1 DEPENDENT	2	\$1,514.04	\$137.41	\$25.00	\$1,676.45	\$651.79	\$1,024.66	\$862.25	\$651.79
	F80	SELF + DEPENDENTS	3	\$1,968.25	\$137.41	\$25.00	\$2,130.66	\$651.79	\$1,478.87	\$1,316.46	\$651.79

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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