# LPPA 50% EMPLOYEES WITH 2021 CAPS

## **REGION 1 2021 MATRIX**

MEDICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL   VISION   TOTAL   CAP   MONTH   Cost		LPPA 50% EMPLOYEES WITH 2021 CAPS  Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21							PAYROLL USE ONLY			
KP01   E70   SELF   1   S813.64   \$142.16   \$25.00   \$980.80   \$333.24   \$647.56   \$480.40   \$35.00   \$170.4   \$170.5   \$167.0   \$1615.0   \$170.4   \$170.5   \$161.0   \$170.4   \$170.5   \$161.0   \$170.4   \$170.5   \$161.0   \$170.0	MEDI	CAL PROVIDER	PLAN	TIERS	MEDICAL					COST PER	Health	ER Health Cost
D70   SELF + I DEPENDENT   2   \$1,627.28   \$142.16   \$25.00   \$1,794.44   \$333.24   \$1,461.20   \$1,294.04   \$33		KAISER	НМО									
BLUE SHIELD ACCESS	KP01	E70	SELF	1	\$813.64	\$142.16	\$25.00	\$980.80	\$333.24	\$647.56	\$480.40	\$333.24
BLUE SHIELD ACCESS  HMO  BA01 E70		D70	SELF + 1 DEPENDENT	2	\$1,627.28	\$142.16	\$25.00	\$1,794.44	\$333.24	\$1,461.20	\$1,294.04	\$333.24
BA01 E70 SELF 1 \$1,170.08 \$142.16 \$25.00 \$1,337.24 \$333.24 \$1,004.00 \$836.84 \$33 D70 SELF + IDEPENDENTS 2 \$2,340.16 \$142.16 \$25.00 \$2,507.32 \$333.24 \$2,174.08 \$2,006.92 \$33 BLUE SHIELD TRIO HMO  BA01 E70 SELF 1 \$880.50 \$142.16 \$25.00 \$1,047.66 \$333.24 \$2,876.13 \$2,708.97 \$33 D70 SELF + IDEPENDENTS 3 \$2,289.30 \$142.16 \$25.00 \$1,047.66 \$333.24 \$714.42 \$547.26 \$33 D70 SELF + IDEPENDENTS 3 \$2,289.30 \$142.16 \$25.00 \$1,047.66 \$333.24 \$1,594.92 \$1,427.76 \$33 E1.00 \$1.00		F70	SELF + DEPENDENTS	3	\$2,115.46	\$142.16	\$25.00	\$2,282.62	\$333.24	\$1,949.38	\$1,782.22	\$333.24
D70   SELF + 1 DEPENDENT   2   \$2,340.16   \$142.16   \$25.00   \$2,507.32   \$333.24   \$2,174.08   \$2,006.92   \$33   \$3,042.21   \$142.16   \$25.00   \$3,209.37   \$333.24   \$2,876.13   \$2,708.97   \$33   \$3,042.21   \$142.16   \$25.00   \$3,209.37   \$333.24   \$2,876.13   \$2,708.97   \$33   \$38.042.21   \$142.16   \$25.00   \$3,209.37   \$333.24   \$2,876.13   \$2,708.97   \$33   \$38.04   \$2,006.92   \$33   \$38.04   \$2,006.92   \$33   \$38.04   \$2,006.92   \$33   \$38.04   \$333.24   \$3,594.92   \$3,476.26   \$333.24   \$3,594.92   \$3,476.26   \$333.24   \$3,594.92   \$3,476.06   \$333.24   \$3,594.92   \$3,476.06   \$333.24   \$3,594.92   \$3,476.06   \$333.24   \$3,594.92   \$3,476.06   \$333.24   \$3,594.92   \$3,476.06   \$333.24   \$3,594.92   \$3,476.06	BLUE	E SHIELD ACCESS	НМО									
D70   SELF + 1 DEPENDENT   2   \$2,340.16   \$142.16   \$25.00   \$2,507.32   \$333.24   \$2,174.08   \$2,006.92   \$33   \$3,042.21   \$142.16   \$25.00   \$3,209.37   \$333.24   \$2,876.13   \$2,708.97   \$33   \$3.042.21   \$142.16   \$25.00   \$3,209.37   \$333.24   \$2,876.13   \$2,708.97   \$33   \$2,708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$33   \$2,2708.97   \$333.24   \$2,708.97   \$333.24	BA01	E70	SELF	1	\$1,170.08	\$142.16	\$25.00	\$1,337.24	\$333.24	\$1,004.00	\$836.84	\$333.24
BLUE SHIELD TRIO		D70	SELF + 1 DEPENDENT	2		\$142.16	\$25.00	\$2,507.32	\$333.24	\$2,174.08	\$2,006.92	\$333.24
BA01 E70 SELF 1 \$880.50 \$142.16 \$25.00 \$1,047.66 \$333.24 \$714.42 \$547.26 \$3 D70 SELF + 1 DEPENDENT 2 \$1,761.00 \$142.16 \$25.00 \$1,928.16 \$333.24 \$1,594.92 \$1,427.76 \$3 F70 SELF + DEPENDENTS 3 \$2,289.30 \$142.16 \$25.00 \$2,456.46 \$333.24 \$1,594.92 \$1,427.76 \$3 Athem Blue Cross- PERS CHOICE  PPO 80/20  CH01 E70 SELF 1 \$935.84 \$142.16 \$25.00 \$1,103.00 \$333.24 \$769.76 \$602.60 \$3 F70 SELF + 1 DEPENDENT 2 \$1,871.68 \$142.16 \$25.00 \$2,038.84 \$333.24 \$1,705.60 \$1,538.44 \$3 F70 SELF + DEPENDENTS 3 \$2,433.18 \$142.16 \$25.00 \$2,600.34 \$333.24 \$2,267.10 \$2,099.94 \$3  PERS SELECT  PPO 80/20  SE01 E70 SELF 1 \$566.67 \$142.16 \$25.00 \$733.83 \$333.24 \$40.59 \$2,099.94 \$3  D70 SELF + 1 DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$733.83 \$333.24 \$40.59 \$233.43 \$3 D70 SELF + DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$1,300.50 \$333.24 \$967.26 \$800.10 \$3 F70 SELF DEPENDENT 3 \$1,143.34 \$142.16 \$25.00 \$1,640.50 \$333.24 \$1,007.26 \$1,401.0 \$3  PERS CARE  PPO 90/10  CA01 E70 SELF 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3 D70 SELF + 1 DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$1,461.85 \$333.24 \$2,423.30 \$2,425.614 \$3		F70	SELF + DEPENDENTS	3	\$3,042.21	\$142.16	\$25.00	\$3,209.37	\$333.24	\$2,876.13	\$2,708.97	\$333.24
BA01 E70 SELF 1 \$880.50 \$142.16 \$25.00 \$1,047.66 \$333.24 \$714.42 \$547.26 \$3 D70 SELF + 1 DEPENDENT 2 \$1,761.00 \$142.16 \$25.00 \$1,928.16 \$333.24 \$1,594.92 \$1,427.76 \$3 F70 SELF + DEPENDENTS 3 \$2,289.30 \$142.16 \$25.00 \$2,456.46 \$333.24 \$1,594.92 \$1,427.76 \$3 Athem Blue Cross- PERS CHOICE  PPO 80/20  CH01 E70 SELF 1 \$935.84 \$142.16 \$25.00 \$1,103.00 \$333.24 \$769.76 \$602.60 \$3 F70 SELF + 1 DEPENDENT 2 \$1,871.68 \$142.16 \$25.00 \$2,038.84 \$333.24 \$1,705.60 \$1,538.44 \$3 F70 SELF + DEPENDENTS 3 \$2,433.18 \$142.16 \$25.00 \$2,600.34 \$333.24 \$2,267.10 \$2,099.94 \$3  PERS SELECT  PPO 80/20  SE01 E70 SELF 1 \$566.67 \$142.16 \$25.00 \$733.83 \$333.24 \$40.59 \$2,099.94 \$3  D70 SELF + 1 DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$733.83 \$333.24 \$40.59 \$233.43 \$3 D70 SELF + DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$1,300.50 \$333.24 \$967.26 \$800.10 \$3 F70 SELF DEPENDENT 3 \$1,143.34 \$142.16 \$25.00 \$1,640.50 \$333.24 \$1,007.26 \$1,401.0 \$3  PERS CARE  PPO 90/10  CA01 E70 SELF 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3 D70 SELF + 1 DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$1,461.85 \$333.24 \$2,423.30 \$2,425.614 \$3	BIII	E CHIELD TRIO	нмо									
D70   SELF + 1 DEPENDENT   2   \$1,761.00   \$142.16   \$25.00   \$1,928.16   \$333.24   \$1,594.92   \$1,427.76   \$3   \$2,289.30   \$142.16   \$25.00   \$2,456.46   \$333.24   \$2,123.22   \$1,956.06   \$3   \$3   \$2,289.30   \$142.16   \$25.00   \$2,456.46   \$333.24   \$2,123.22   \$1,956.06   \$3   \$3   \$3   \$3   \$3   \$3   \$3   \$				1	\$880.50	\$142.16	\$25.00	\$1 047 66	\$333.24	\$714.42	\$547.26	\$333.24
Athem Blue Cross- PERS CHOICE PPO 80/20 CH01 E70 SELF + DEPENDENTS 3 \$2,289.30 \$142.16 \$25.00 \$2,456.46 \$333.24 \$2,123.22 \$1,956.06 \$3  D70 SELF + 1 DEPENDENT 2 \$1,871.68 \$142.16 \$25.00 \$1,103.00 \$333.24 \$769.76 \$602.60 \$3  F70 SELF + DEPENDENTS 3 \$2,433.18 \$142.16 \$25.00 \$2,038.84 \$333.24 \$1,705.60 \$1,538.44 \$3  F70 SELF + DEPENDENTS 3 \$2,433.18 \$142.16 \$25.00 \$2,038.84 \$333.24 \$2,267.10 \$2,099.94 \$3  PERS SELECT PPO 80/20  SE01 E70 SELF 1 \$566.67 \$142.16 \$25.00 \$733.83 \$333.24 \$400.59 \$233.43 \$3  D70 SELF + DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$1,300.50 \$333.24 \$967.26 \$800.10 \$3  F70 SELF DEPENDENTS 3 \$1,473.34 \$142.16 \$25.00 \$1,640.50 \$333.24 \$1,307.26 \$1,140.10 \$3  PERS CARE PPO 90/10  CA01 E70 SELF 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3  D70 SELF + DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$333.24 \$2,223.30 \$2,256.14 \$3				2				" ,				\$333.24
PERS CHOICE PPO 80/20  CH01 E70												\$333.24
PERS CHOICE PPO 80/20 CH01 E70	Athen	n Blue Cross-										
D70   SELF + 1 DEPENDENT   2   \$1,871.68   \$142.16   \$25.00   \$2,038.84   \$333.24   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$1,705.60   \$1,538.44   \$3   \$3   \$1,538.44   \$3   \$3   \$3   \$3   \$3   \$3   \$3			PPO 80/20									
PERS SELECT PPO 80/20 SE01 E70 SELF + DEPENDENTS 3 \$2,433.18 \$142.16 \$25.00 \$2,600.34 \$333.24 \$2,267.10 \$2,099.94 \$3 D70 SELF + DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$733.83 \$333.24 \$400.59 \$233.43 \$3 D70 SELF + DEPENDENT 2 \$1,133.34 \$142.16 \$25.00 \$1,300.50 \$333.24 \$967.26 \$800.10 \$3 F70 SELF + DEPENDENTS 3 \$1,473.34 \$142.16 \$25.00 \$1,640.50 \$333.24 \$1,307.26 \$1,140.10 \$3  PERS CARE PPO 90/10 CA01 E70 SELF 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3 D70 SELF + DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$333.24 \$2,423.30 \$2,256.14 \$3	CH01	E70	SELF	1	\$935.84	\$142.16	\$25.00	\$1,103.00	\$333.24	\$769.76	\$602.60	\$333.24
PERS SELECT PPO 80/20  SE01 E70		D70	SELF + 1 DEPENDENT	2	\$1,871.68	\$142.16	\$25.00	\$2,038.84	\$333.24	\$1,705.60	\$1,538.44	\$333.24
SE01   E70   SELF   1   \$566.67   \$142.16   \$25.00   \$733.83   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$		F70	SELF + DEPENDENTS	3	\$2,433.18	\$142.16	\$25.00	\$2,600.34	\$333.24	\$2,267.10	\$2,099.94	\$333.24
SE01   E70   SELF   1   \$566.67   \$142.16   \$25.00   \$733.83   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$233.43   \$350.50   \$333.24   \$400.59   \$			PPG 00 (20									
D70         SELF + 1 DEPENDENT         2         \$1,133.34         \$142.16         \$25.00         \$1,300.50         \$3333.24         \$967.26         \$800.10         \$3           F70         SELF + DEPENDENTS         3         \$1,473.34         \$142.16         \$25.00         \$1,640.50         \$3333.24         \$1,307.26         \$1,140.10         \$3           PERS CARE         PPO 90/10           CA01         E70         SELF         1         \$1,294.69         \$142.16         \$25.00         \$1,461.85         \$3333.24         \$1,128.61         \$961.45         \$3           D70         SELF + 1 DEPENDENT         2         \$2,589.38         \$142.16         \$25.00         \$2,756.54         \$333.24         \$2,423.30         \$2,256.14         \$3				1	dt = < < < =	¢1.40.1.0	<b>#2</b> F 00	Ф722 Q2	ф222 Q4	#400 FO	<b>\$022.42</b>	\$222.04
PERS CARE PPO 90/10  CA01 E70 SELF + 1 DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$1,640.50 \$3333.24 \$1,307.26 \$1,140.10 \$3  D70 SELF + 1 DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$3333.24 \$2,423.30 \$2,256.14 \$3	SEUI			=								\$333.24
PERS CARE         PPO 90/10           CA01         E70         SELF         1         \$1,294.69         \$142.16         \$25.00         \$1,461.85         \$333.24         \$1,128.61         \$961.45         \$3           D70         SELF + 1 DEPENDENT         2         \$2,589.38         \$142.16         \$25.00         \$2,756.54         \$333.24         \$2,423.30         \$2,256.14         \$3												\$333.24
CA01 E70 SELF 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3 D70 SELF + 1 DEPENDENT 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$333.24 \$2,423.30 \$2,256.14 \$3		F/0	SELF + DEPENDENTS	3	\$1,4/3.34	\$142.16	\$25.00	\$1,040.50	\$333.24	\$1,307.26	\$1,140.10	\$333.24
CA01 E70 <b>SELF</b> 1 \$1,294.69 \$142.16 \$25.00 \$1,461.85 \$333.24 \$1,128.61 \$961.45 \$3 D70 <b>SELF + 1 DEPENDENT</b> 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$333.24 \$2,423.30 \$2,256.14 \$3	п	DERS CARE	PPO 90/10									
D70 <b>SELF + 1 DEPENDENT</b> 2 \$2,589.38 \$142.16 \$25.00 \$2,756.54 \$333.24 \$2,423.30 \$2,256.14 \$3				1	\$1 294 60	\$1 <i>4</i> 2 16	\$25.00	\$1 461 <b>9</b> 5	\$333.24	\$1.128.61	\$061.45	\$333.24
	0.1101			2								\$333.24
1 F70 SELE+ DEPENDENTS 3 \$3.366.19 \$1.42.16 \$25.00 \$3.533.35 \$3.33.24 \$3.200.11 \$3.032.05 \$2		F70	SELF + DEPENDENTS	3	\$3,366.19	\$142.16	\$25.00	\$3,533.35	\$333.24	\$3,200.11	\$3,032.95	\$333.24

rates are subject to change throughout the year

<sup>.</sup> Dental and Vision plans require 100% participation for full -time employees  $^{\star}$ 

<sup>.</sup>Waiving medical coverage requires completing a HEALTH ENROLLMENT form

<sup>.</sup>District contributions are subject to change due to on-going bargaining group negotiations\*\*



### **REGION 1 2021 MATRIX**

#### LPPA 50% EMPLOYEES WITH 2021 CAPS PAYROLL USE ONLY Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21 EEER EMPLOYEE DISTRICT BENEFITS Health Health COST PER MEDICAL PROVIDER **PLAN TIERS** MEDICAL DENTAL VISION TOTAL CAP MONTH Cost Cost eff 9/30/20 eff 9-1-15 Anthem HMO Select SE01 E70 SELF \$925.60 \$142.16 \$25.00 \$1,092.76 \$333.24 \$759.52 \$592.36 \$333.24 \$333.24 **D**70 SELF + 1 DEPENDENT 2 \$1,851.20 \$142.16 \$25.00 \$2,018.36 \$1,685.12 \$1,517.96 \$333.24 F70 3 \$2,406.56 \$142.16 \$25.00 \$2,573.72 \$333.24 \$2,240.48 \$2,073.32 \$333.24 SELF + DEPENDENTS Anthem HMO Traditional AHT1 E70 1 \$1,307.86 \$142.16 \$25.00 \$1,475.02 \$333.24 \$1,141.78 \$974.62 \$333.24 SELF 2 \$333.24 **D**70 \$2,615.72 \$142.16 \$25.00 \$2,782.88 \$2,449.64 \$2,282.48 \$333.24 SELF + 1 DEPENDENT 3 \$25.00 \$333.24 F70 SELF + DEPENDENTS \$3,400.44 \$142.16 \$3,567.60 \$3,234,36 \$3,067.20 \$333.24 United HealthCare **HMO PLAN** UN01 E70 SELF \$941.17 \$142.16 \$25.00 \$1,108.33 \$333.24 \$775.09 \$607.93 \$333.24 **D**70 2 \$1,882.34 \$142.16 \$25.00 \$2,049.50 \$333.24 \$1,716.26 \$1,549.10 \$333.24 SELF + 1 DEPENDENT F70 3 \$2,447.04 \$142.16 \$25.00 \$2,614.20 \$333.24 \$2,280.96 \$2,113.80 \$333.24 SELF + DEPENDENTS Health Net Smart Care **HMO PLAN** HN01 E70 SELF 1 \$1,120.21 \$142.16 \$25.00 \$1,287,37 \$333.24 \$954.13 \$786.97 \$333.24 \$333.24 **D**70 SELF + 1 DEPENDENT 2 \$2,240,42 \$142.16 \$25.00 \$2,407.58 \$2,074.34 \$1,907.18 \$333.24 \$25.00 \$333.24 F70 SELF + DEPENDENTS 3 \$2,912.55 \$142.16 \$3,079.71 \$2,746.47 \$2,579.31 \$333.24 Western Health Advantage **HMO PLAN** WHA E70 \$757.02 \$142.16 \$25.00 \$924.18 \$333.24 \$590.94 \$423.78 \$333.24 SELF 2 \$25.00 \$1,681.20 \$333.24 \$1,347.96 \$1,180.80 \$333.24 D70 SELF + 1 DEPENDENT \$1,514.04 \$142.16

F70 rates are subject to change throughout the year \$1,968.25

3

SELF + DEPENDENTS

\$142.16

\$25.00

\$2,135.41

\$333.24

\$1,802.17

\$1,635.01

\$333.24

#### 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

<sup>.</sup>Dental and Vision plans require 100% participation for full -time employees \*

<sup>.</sup>Waiving medical coverage requires completing a HEALTH ENROLLMENT form

<sup>.</sup>District contributions are subject to change due to on-going bargaining group negotiations\*\*