PAYROLL USE

# Unified School District

# **REGION 1 2021 MATRIX**

### LEA 100% EMPLOYEES WITH 2021 CAPS

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

**ONLY** EEER EMPLOYEE **BENEFITS** DISTRICT Health Health COST PER PLAN. **TIERS** MEDICAL PROVIDER MEDICAL DENTAL VISION TOTAL CAP MONTH Cost Cost \*MANDATORY \*MANDATORY KAISER **HMO** \$609.53 SELF \$813.64 \$138.96 \$20.00 \$972.60 \$363.07 \$204.11 \$609.53 KP01 E60 2 \$507.84 SELF + 1 DEPENDENT \$1,627.28 \$138.96 \$20.00 \$1,786.24 \$1,119.44 \$666.80 \$1,119.44 D60 3 \$20.00 \$2,274.42 \$1,425.38 \$849.04 F60 SELF + DEPENDENTS \$2,115.46 \$138.96 \$690.08 \$1,425.38 **HMO** BLUE SHIELD ACCESS SELF \$1,170.08 \$138.96 \$20.00 \$1,329.04 \$845.70 \$483.34 \$324.38 \$845.70 BA01 E60 2 \$1,590.26 \$908.86 \$749.90 D60 SELF + 1 DEPENDENT \$2,340.16 \$138.96 \$20.00 \$2,499.12 \$1,590.26 SELF + DEPENDENTS 3 \$3,042.21 \$138.96 \$20.00 \$3,201.17 \$2,036.99 \$1,164.18 \$1,005.22 \$2,036.99 F60 **HMO BLUE SHIELD TRIO** \$138.96 \$20.00 \$1,039.46 \$628.87 \$410.59 \$251.63 \$628.87 BA01 E60 SELF \$880.50 SELF + 1 DEPENDENT 2 \$1,761.00 \$138.96 \$20.00 \$1,919.96 \$1,161.58 \$758.38 \$599.42 \$1,161.58 D60 3 \$2,289.30 \$138.96 \$20.00 \$2,448.26 \$1,481.20 \$967.06 \$808.10 \$1,481.20 F60 SELF + DEPENDENTS Athem Blue Cross-**PERS CHOICE** PPO 80/20 \$654.14 \$440.66 **SELF** \$935.84 \$138.96 \$20.00 \$1,094.80 \$281.70 \$654.14 CH01 E60 2 \$1,871.68 \$138.96 \$20.00 \$2,030.64 \$1,213.31 \$817.33 \$658.37 \$1,213.31 D60 SELF + 1 DEPENDENT F60 SELF + DEPENDENTS 3 \$2,433.18 \$138.96 \$20.00 \$2,592.14 \$1,548.80 \$1,043,34 \$884.38 \$1,548.80 PERS SELECT PPO 80/20 SE01 SELF \$566.67 \$138.96 \$20.00 \$725.63 \$324.72 \$400.91 \$241.95 \$324.72 E60 2 \$20.00 \$1,292.30 \$578.30 \$714.00 SELF + 1 DEPENDENT \$1,133.34 \$138.96 \$555.04 \$578.30 D60 3 \$1,473.34 \$138.96 \$20.00 \$1,632.30 \$730.45 \$901.85 \$742.89 \$730.45 F60 SELF + DEPENDENTS PERS CARE PPO 90/10 E60 SELF \$1,294.69 \$138.96 \$20.00 \$1,453.65 \$650.51 \$803.14 \$644.18 \$650.51 CA01 2 \$20.00 \$1,229.88 \$1,518.46 D60 SELF + 1 DEPENDENT \$2,589.38 \$138.96 \$2,748.34 \$1,359.50 \$1,229.88 SELF + DEPENDENTS 3 \$3,366.19 \$138.96 \$20.00 \$3,525.15 \$1,577.50 \$1,947.65 \$1,788.69 \$1,577.50 F60

rates are subject to change throughout the year

<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\*\*



## REGION 1 2021 MATRIX

LEA 100% EMPLOYEES WITH 2021 CAPS  Unified School District  Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21									PAYROLL USE ONLY		
МЕГ	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthe	em HMO Select										
AHS1	E60	SELF	1	\$925.60	\$138.96	\$20.00	\$1,084.56	\$474.50	\$610.06	\$451.10	\$474.50
	D60	SELF + 1 DEPENDENT	2	\$1,851.20	\$138.96	\$20.00	\$2,010.16	\$879.45	\$1,130.71	\$971.75	\$879.45
	F60	SELF + DEPENDENTS	3	\$2,406.56	\$138.96	\$20.00	\$2,565.52	\$1,122.42	\$1,443.10	\$1,284.14	\$1,122.42
Anthe	em HMO Traditiona	al									
AHT1	E60	SELF	1	\$1,307.86	\$138.96	\$20.00	\$1,466.82	\$671.07	\$795.75	\$636.79	\$671.07
	D60	SELF + 1 DEPENDENT	2	\$2,615.72	\$138.96	\$20.00	\$2,774.68	\$1,269.42	\$1,505.26	\$1,346.30	\$1,269.42
	F60	SELF + DEPENDENTS	3	\$3,400.44	\$138.96	\$20.00	\$3,559.40	\$1,628.43	\$1,930.97	\$1,772.01	\$1,628.43
Unite	d HealthCare	HMO PLAN									
UN01	E60	SELF	1	\$941.17	\$138.96	\$20.00	\$1,100.13	\$503.31	\$596.82	\$437.86	\$503.31
	D60	SELF + 1 DEPENDENT	2	\$1,882.34	\$138.96	\$20.00	\$2,041.30	\$933.89	\$1,107.41	\$948.45	\$933.89
	F60	SELF + DEPENDENTS	3	\$2,447.04	\$138.96	\$20.00	\$2,606.00	\$1,192.25	\$1,413.75	\$1,254.79	\$1,192.25
	Health Net										
	SmartCare	HMO PLAN									
HN01	E60	SELF	1	\$ 1,120.21	\$138.96	\$20.00	\$1,279.17	\$572.43	\$ 706.74	\$547.78	\$572.43
	D60	SELF + 1 DEPENDENT	2	\$ 2,240.42	\$138.96	\$20.00	\$2,399.38	\$1,073.72		\$1,166.70	\$1,073.72
	F60	SELF + DEPENDENTS	3	\$ 2,912.55	\$138.96	\$20.00	\$3,071.51	\$1,374.50		\$1,538.05	\$1,374.50
	Vastama I I salah										
`	Western Health Advantage	HMO PLAN									
WHA	E60	SELF	1	\$ 757.02	\$138.96	\$20.00	\$915.98	\$494.63	\$ 421.35	\$262.39	\$494.63
WIII	D60	SELF + 1 DEPENDENT	2	\$ 1,514.04	\$138.96	\$20.00	\$1,673.00	\$1,003.80		\$510.24	\$1,003.80
	F60	SELF + DEPENDENTS	3	\$ 1,968.25	\$138.96	\$20.00	\$2,127.21	\$1,308.23	"	\$660.02	\$1,308.23

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

<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\*\*