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REGION 1 2018 MATRIX

	LEA 50% EMPLOYEES WITH 2021 CAPS Inified School District Rates effective with paychecks 12/31/20 to 11/30/21; Insurance Effective on 1/1/21 0.5								PAYROLL USE ONLY		
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL		VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
	KAISER	НМО									
KP01	E60	SELF	1	\$813.64	\$138.96	\$20.00	\$972.60	\$304.77	\$667.83	\$508.87	\$304.77
	D60	SELF + 1 DEPENDENT	2	\$1,627.28	\$138.96	\$20.00	\$1,786.24	\$559.72	\$1,226.52	\$1,067.56	\$559.72
	F60	SELF + DEPENDENTS	3	\$2,115.46	\$138.96	\$20.00	\$2,274.42	\$712.69	\$1,561.73	\$1,402.77	\$712.69
B	LUE SHIELD ACCESS	НМО									
BA01	E60	SELF	1	\$1,170.08	\$138.96	\$20.00	\$1,329.04	\$422.85	\$906.19	\$747.23	\$422.85
	D60	SELF + 1 DEPENDENT	2	\$2,340.16	\$138.96	\$20.00	\$2,499.12	\$795.13	\$1,703.99	\$1,545.03	\$795.13
	F60	SELF + DEPENDENTS	3	\$3,042.21	\$138.96	\$20.00	\$3,201.17	\$1,018.50	\$2, 182.67	\$2,023.71	\$1,018.50
1	BLUE SHIELD TRIO	НМО									
-	E60	SELF	1	\$880.50	\$138.96	\$20.00	\$1,039.46	\$314.44	\$725.03	\$566.07	\$314.44
	D60	SELF + 1 DEPENDENT	2	\$1,761.00	\$138.96	\$20.00	\$1,919.96	\$580.79	\$1,339.17	\$1,180.21	\$580.79
	F60	SELF + DEPENDENTS	3	\$2,289.30	\$138.96	\$20.00	\$2,448.26	\$740.60	\$1,707.66	\$1,548.70	\$740.60
Athen	n Blue Cross- PERS	2									
- inch	CHOICE	PPO 80/20									
CH01	E60	SELF	1	\$935.84	\$138.96	\$20.00	\$1,094.80	\$327.07	\$767.73	\$608.77	\$327.07
	D60	SELF + 1 DEPENDENT	2	\$1,871.68	\$138.96	\$20.00	\$2,030.64	\$606.66	\$1,423.98	\$1,265.02	\$606.66
	F60	SELF + DEPENDENTS	3	\$2,433.18	\$138.96	\$20.00	\$2,592.14	\$ 774.40	\$1, 817.74	\$1,658.78	\$ 77 4.4 0
	PERS SELECT	PPO 80/20									
SE01	E60	SELF	1	\$566.67	\$138.96	\$20.00	\$725.63	\$162.36	\$563.27	\$404.31	\$162.36
SE01	E60 D60	SELF SELF + 1 DEPENDENT	1 2	\$300.07 \$1,133.34	\$138.96 \$138.96	\$20.00 \$20.00	\$1,292.30	\$102.30	\$303.27 \$1,003.15	\$404.31 \$844.19	\$102.30
	F60	SELF + I DEPENDENTS	2	\$1,133.34	\$138.96	\$20.00 \$20.00	\$1,632.30	\$265.23	\$1,003.13 \$1,267.07	\$1,108.11	\$365.23
	F00	SELF + DEFENDEN13	5	₽1,47 <i>5</i> .54	φ150 . 70	\$20.00	ψ1,052.50	\$505.25	<u>91,207.07</u>	φ1,100.11	<i>\</i>
	PERS CARE	PPO 90/10									
CA01	E60	SELF	1	\$1,294.69	\$138.96	\$20.00	\$1,453.65	\$325.26	\$1,128.39	\$969.43	\$325.26
	D60	SELF + 1 DEPENDENT	2	\$2,589.38	\$138.96	\$20.00	\$2,748.34	\$614.94	\$2,133.40	\$1,974.44	\$614.94
	F60	SELF + DEPENDENTS	3	\$3,366.19	\$138.96	\$20.00	\$3,525.15	\$788.75	\$2,736.40	\$2,577.44	\$788.75

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.



REGION 1 2021 MATRIX

Uni	Lea 50% 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		
ME	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthen	n HMO Select										
AHS1	E60	SELF	1	\$925.60	\$138.96	\$20.00	\$1,084.56	\$237.25	\$847.31	\$688.35	\$237.25
	D60	SELF + 1 DEPENDENT	2	\$1,851.20	\$138.96	\$20.00	\$2,010.16	\$439.73	\$1,570.43	\$1,411.47	\$439.73
	F60	SELF + DEPENDENTS	3	\$2,406.56	\$138.96	\$20.00	\$2,565.52	\$561.21	\$2,004.31	\$1,845.35	\$561.21
Anthen	n HMO Traditional										
AHT1	E60	SELF	1	\$1,307.86	\$138.96	\$20.00	\$1,466.82	\$335.54	\$1,131.28	\$972.32	\$335.54
	D60	SELF + 1 DEPENDENT	2	\$2,615.72	\$138.96	\$20.00	\$2,774.68	\$634.71	\$2, 139.97	\$1,981.01	\$634.71
	F60	SELF + DEPENDENTS	3	\$3,400.44	\$138.96	\$20.00	\$3,559.40	\$814.22	\$2, 745.18	\$2,586.22	\$814.22
United	HealthCare	HMO PLAN									
UN01	E60	SELF	1	\$941.17	\$138.96	\$20.00	\$1,100.13	\$251.66	\$848.48	\$689.52	\$251.66
	D60	SELF + 1 DEPENDENT	2	\$1,882.34	\$138.96	\$20.00	\$2,041.30	\$466.95	\$1,574.36	\$1,415.40	\$466.95
	F60	SELF + DEPENDENTS	3	\$2,447.04	\$138.96	\$20.00	\$2,606.00	\$596.13	\$2, 009.88	\$1,850.92	\$596.13
	Health Net										
	SmartCare	HMO PLAN									
HN01	E60	SELF	1	\$1,120.21	\$138.96	\$20.00	\$1,279.17	\$286.22	\$992.95	\$833.99	\$286.22
	D60	SELF + 1 DEPENDENT	2	\$2,240.42	\$138.96	\$20.00	\$2,399.38	\$536.86	\$1,862.52	\$1,703.56	\$536.86
	F60	SELF + DEPENDENTS	3	\$2,912.55	\$138.96	\$20.00	\$3,071.51	\$687.25	\$2,384.26	\$2,225.30	\$687.25
Weste	ern Health Advantage	HMO PLAN									
WHA	E60	SELF	1	\$757.02	\$138.96	\$20.00	\$915.98	\$247.32	\$668.66	\$509.70	\$247.32
	D60	SELF + 1 DEPENDENT	2	\$1,514.04	\$138.96	\$20.00	\$1,673.00	\$501.90	\$1,171.10	\$1,012.14	\$501.90
	F60	SELF + DEPENDENTS	3	\$1,968.25	\$138.96	\$20.00	\$2,127.21	\$654.12	\$1,473.09	\$1,314.13	\$654.12

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