



**OTHER NORTHERN
2018 MATRIX**

CSEA 4 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				eff 1-1-15	eff 1-1-15					
22 4030										
KAISER HMO										
KP01	E20	SELF	\$795.43	\$114.13	\$25.00	\$934.56	\$336.65	\$597.91	\$458.78	\$336.65
	D20	SELF + 1 DEPENDENT	\$1,590.86	\$114.13	\$25.00	\$1,729.99	\$336.65	\$1,393.34	\$1,254.21	\$336.65
	F20	SELF + DEPENDENTS	\$2,068.12	\$114.13	\$25.00	\$2,207.25	\$336.65	\$1,870.60	\$1,731.47	\$336.65
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E20	SELF	\$894.43	\$114.13	\$25.00	\$1,033.56	\$336.65	\$696.91	\$557.78	\$336.65
	D20	SELF + 1 DEPENDENT	\$1,788.86	\$114.13	\$25.00	\$1,927.99	\$336.65	\$1,591.34	\$1,452.21	\$336.65
	F20	SELF + DEPENDENTS	\$2,325.52	\$114.13	\$25.00	\$2,464.65	\$336.65	\$2,128.00	\$1,988.87	\$336.65
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E20	SELF	\$813.96	\$114.13	\$25.00	\$953.09	\$336.65	\$616.44	\$477.31	\$336.65
	D20	SELF + 1 DEPENDENT	\$1,627.92	\$114.13	\$25.00	\$1,767.05	\$336.65	\$1,430.40	\$1,291.27	\$336.65
	F20	SELF + DEPENDENTS	\$2,116.30	\$114.13	\$25.00	\$2,255.43	\$336.65	\$1,918.78	\$1,779.65	\$336.65
42 4050										
PERS SELECT PPO 80/20										
SE01	E20	SELF	\$691.78	\$114.13	\$25.00	\$830.91	\$336.65	\$494.26	\$355.13	\$336.65
	D20	SELF + 1 DEPENDENT	\$1,383.56	\$114.13	\$25.00	\$1,522.69	\$336.65	\$1,186.04	\$1,046.91	\$336.65
	F20	SELF + DEPENDENTS	\$1,798.63	\$114.13	\$25.00	\$1,937.76	\$336.65	\$1,601.11	\$1,461.98	\$336.65
43 4060										
PERS CARE PPO 90/10										
CA01	E20	SELF	\$866.93	\$114.13	\$25.00	\$1,006.06	\$336.65	\$669.41	\$530.28	\$336.65
	D20	SELF + 1 DEPENDENT	\$1,733.86	\$114.13	\$25.00	\$1,872.99	\$336.65	\$1,536.34	\$1,397.21	\$336.65
	F20	SELF + DEPENDENTS	\$2,254.02	\$114.13	\$25.00	\$2,393.15	\$336.65	\$2,056.50	\$1,917.37	\$336.65

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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Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$114.13	\$25.00	\$1,050.03	\$336.65	\$713.38	\$574.25	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$114.13	\$25.00	\$1,960.93	\$336.65	\$1,624.28	\$1,485.15	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$114.13	\$25.00	\$2,507.47	\$336.65	\$2,170.82	\$2,031.69	\$336.65
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$114.13	\$25.00	\$1,093.88	\$336.65	\$757.23	\$618.10	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$114.13	\$25.00	\$2,048.63	\$336.65	\$1,711.98	\$1,572.85	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$114.13	\$25.00	\$2,621.48	\$336.65	\$2,284.83	\$2,145.70	\$336.65
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$114.13	\$25.00	\$1,344.68	\$336.65	\$1,008.03	\$868.90	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$114.13	\$25.00	\$2,550.23	\$336.65	\$2,213.58	\$2,074.45	\$336.65
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$114.13	\$25.00	\$3,273.56	\$336.65	\$2,936.91	\$2,797.78	\$336.65
Western Health Advantage HMO											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$336.65	\$547.27	\$408.14	\$336.65
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$336.65	\$1,292.06	\$1,152.93	\$336.65
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$336.65	\$1,738.93	\$1,599.80	\$336.65

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Basic Premium Rates - OTHER NORTHERN CALIFORNIA

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc,
Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity and Tuolumne

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information