



**OTHER NORTHERN  
2018 MATRIX**

0.6562

**CSEA 5.5 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	ER	
									Health	Health	
									Cost	Cost	
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E20	SELF	1	\$795.43	\$114.13	\$25.00	\$934.56	\$462.89	\$471.67	\$332.54	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,590.86	\$114.13	\$25.00	\$1,729.99	\$462.89	\$1,267.10	\$1,127.97	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,068.12	\$114.13	\$25.00	\$2,207.25	\$462.89	\$1,744.36	\$1,605.23	\$462.89
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$894.43	\$114.13	\$25.00	\$1,033.56	\$462.89	\$570.67	\$431.54	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,788.86	\$114.13	\$25.00	\$1,927.99	\$462.89	\$1,465.10	\$1,325.97	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,325.52	\$114.13	\$25.00	\$2,464.65	\$462.89	\$2,001.76	\$1,862.63	\$462.89
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>											
CH01	E20	SELF	1	\$813.96	\$114.13	\$25.00	\$953.09	\$462.89	\$490.20	\$351.07	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,627.92	\$114.13	\$25.00	\$1,767.05	\$462.89	\$1,304.16	\$1,165.03	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,116.30	\$114.13	\$25.00	\$2,255.43	\$462.89	\$1,792.54	\$1,653.41	\$462.89
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$691.78	\$114.13	\$25.00	\$830.91	\$462.89	\$368.02	\$228.89	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,383.56	\$114.13	\$25.00	\$1,522.69	\$462.89	\$1,059.80	\$920.67	\$462.89
	F20	SELF + DEPENDENTS	3	\$1,798.63	\$114.13	\$25.00	\$1,937.76	\$462.89	\$1,474.87	\$1,335.74	\$462.89
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$866.93	\$114.13	\$25.00	\$1,006.06	\$462.89	\$543.17	\$404.04	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,733.86	\$114.13	\$25.00	\$1,872.99	\$462.89	\$1,410.10	\$1,270.97	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,254.02	\$114.13	\$25.00	\$2,393.15	\$462.89	\$1,930.26	\$1,791.13	\$462.89

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\*\*



**OTHER NORTHERN  
2018 MATRIX  
CSEA 5.5 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						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$114.13	\$25.00	\$1,050.03	\$462.89	\$587.14	\$448.01	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$114.13	\$25.00	\$1,960.93	\$462.89	\$1,498.04	\$1,358.91	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$114.13	\$25.00	\$2,507.47	\$462.89	\$2,044.58	\$1,905.45	\$462.89
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$114.13	\$25.00	\$1,093.88	\$462.89	\$630.99	\$491.86	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$114.13	\$25.00	\$2,048.63	\$462.89	\$1,585.74	\$1,446.61	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$114.13	\$25.00	\$2,621.48	\$462.89	\$2,158.59	\$2,019.46	\$462.89
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$114.13	\$25.00	\$1,344.68	\$462.89	\$881.79	\$742.66	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$114.13	\$25.00	\$2,550.23	\$462.89	\$2,087.34	\$1,948.21	\$462.89
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$114.13	\$25.00	\$3,273.56	\$462.89	\$2,810.67	\$2,671.54	\$462.89
<b>Western Health Advantage HMO</b>											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$462.89	\$421.03	\$281.90	\$462.89
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$462.89	\$1,165.82	\$1,026.69	\$462.89
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$462.89	\$1,612.69	\$1,473.56	\$462.89

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 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](http://www.calpers.ca.gov) and click on Health Plan Information