



OTHER NORTHERN  
2018 MATRIX

0.7187

**CSEA 6 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>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E20	SELF	1	\$795.43	\$114.13	\$25.00	\$934.56	\$504.98	\$429.58	\$290.45	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,590.86	\$114.13	\$25.00	\$1,729.99	\$504.98	\$1,225.01	\$1,085.88	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,068.12	\$114.13	\$25.00	\$2,207.25	\$504.98	\$1,702.27	\$1,563.14	\$504.98
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$894.43	\$114.13	\$25.00	\$1,033.56	\$504.98	\$528.58	\$389.45	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,788.86	\$114.13	\$25.00	\$1,927.99	\$504.98	\$1,423.01	\$1,283.88	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,325.52	\$114.13	\$25.00	\$2,464.65	\$504.98	\$1,959.67	\$1,820.54	\$504.98
<b>41 4040</b>											
<b>Athem Blue Cross- PERS</b>											
<b>CHOICE PPO 80/20</b>											
CH01	E20	SELF	1	\$813.96	\$114.13	\$25.00	\$953.09	\$504.98	\$448.11	\$308.98	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,627.92	\$114.13	\$25.00	\$1,767.05	\$504.98	\$1,262.07	\$1,122.94	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,116.30	\$114.13	\$25.00	\$2,255.43	\$504.98	\$1,750.45	\$1,611.32	\$504.98
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$691.78	\$114.13	\$25.00	\$830.91	\$504.98	\$325.93	\$186.80	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,383.56	\$114.13	\$25.00	\$1,522.69	\$504.98	\$1,017.71	\$878.58	\$504.98
	F20	SELF + DEPENDENTS	3	\$1,798.63	\$114.13	\$25.00	\$1,937.76	\$504.98	\$1,432.78	\$1,293.65	\$504.98
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$866.93	\$114.13	\$25.00	\$1,006.06	\$504.98	\$501.08	\$361.95	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,733.86	\$114.13	\$25.00	\$1,872.99	\$504.98	\$1,368.01	\$1,228.88	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,254.02	\$114.13	\$25.00	\$2,393.15	\$504.98	\$1,888.17	\$1,749.04	\$504.98

rates are subject to change throughout the year



**OTHER NORTHERN  
2018 MATRIX  
CSEA 6 HOUR EMPLOYEES WITH 2018 CAP**

Rates effective with paychecks 12/31/13 to 11/30/14; Insurance Effective on 1/1/14

									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	\$504.98	\$545.05	\$405.92	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$114.13	\$25.00	\$1,960.93	\$504.98	\$1,455.95	\$1,316.82	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$114.13	\$25.00	\$2,507.47	\$504.98	\$2,002.49	\$1,863.36	\$504.98
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$114.13	\$25.00	\$1,093.88	\$504.98	\$588.90	\$449.77	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$114.13	\$25.00	\$2,048.63	\$504.98	\$1,543.65	\$1,404.52	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$114.13	\$25.00	\$2,621.48	\$504.98	\$2,116.50	\$1,977.37	\$504.98
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$114.13	\$25.00	\$1,344.68	\$504.98	\$839.70	\$700.57	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$114.13	\$25.00	\$2,550.23	\$504.98	\$2,045.25	\$1,906.12	\$504.98
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$114.13	\$25.00	\$3,273.56	\$504.98	\$2,768.58	\$2,629.45	\$504.98
<b>Western Health Advantage HMO</b>											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$504.98	\$378.94	\$239.81	\$504.98
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$504.98	\$1,123.73	\$984.60	\$504.98
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$504.98	\$1,570.60	\$1,431.47	\$504.98

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