

OTHER NORTHERN AREA

Dental Rates eff 9-30-17

2018 MATRIX



**LEA 70% EMPLOYEES WITH 2018 CAPS**

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

0.7

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
applied to Health 1st											
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$795.43	\$142.37	\$20.00	\$957.80	\$468.29	\$489.51	\$327.14	\$468.29
	D60	SELF + 1 DEPENDENT	2	\$1,590.86	\$142.37	\$20.00	\$1,753.23	\$855.88	\$897.35	\$734.98	\$855.88
	F60	SELF + DEPENDENTS	3	\$2,068.12	\$142.37	\$20.00	\$2,230.49	\$1,088.44	\$1,142.05	\$979.68	\$1,088.44
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$894.43	\$142.37	\$20.00	\$1,056.80	\$522.54	\$534.26	\$371.89	\$522.54
	D60	SELF + 1 DEPENDENT	2	\$1,788.86	\$142.37	\$20.00	\$1,951.23	\$964.38	\$986.85	\$824.48	\$964.38
	F60	SELF + DEPENDENTS	3	\$2,325.52	\$142.37	\$20.00	\$2,487.89	\$1,229.49	\$1,258.40	\$1,096.03	\$1,229.49
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$813.96	\$142.37	\$20.00	\$976.33	\$478.43	\$497.90	\$335.53	\$478.43
	D60	SELF + 1 DEPENDENT	2	\$1,627.92	\$142.37	\$20.00	\$1,790.29	\$876.17	\$914.12	\$751.75	\$876.17
	F60	SELF + DEPENDENTS	3	\$2,116.30	\$142.37	\$20.00	\$2,278.67	\$1,114.81	\$1,163.86	\$1,001.49	\$1,114.81
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$691.78	\$142.37	\$20.00	\$854.15	\$394.18	\$459.97	\$297.60	\$394.18
	D60	SELF + 1 DEPENDENT	2	\$1,383.56	\$142.37	\$20.00	\$1,545.93	\$715.62	\$830.31	\$667.94	\$715.62
	F60	SELF + DEPENDENTS	3	\$1,798.63	\$142.37	\$20.00	\$1,961.00	\$908.49	\$1,052.51	\$890.14	\$908.49
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$866.93	\$142.37	\$20.00	\$1,029.30	\$468.08	\$561.22	\$398.85	\$468.08
	D60	SELF + 1 DEPENDENT	2	\$1,733.86	\$142.37	\$20.00	\$1,896.23	\$863.42	\$1,032.81	\$870.44	\$863.42
	F60	SELF + DEPENDENTS	3	\$2,254.02	\$142.37	\$20.00	\$2,416.39	\$1,100.62	\$1,315.77	\$1,153.40	\$1,100.62

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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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$142.37	\$20.00	\$1,073.27	\$427.89	\$645.38	\$483.01	\$427.89
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$142.37	\$20.00	\$1,984.17	\$787.58	\$1,196.59	\$1,034.22	\$787.58
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$142.37	\$20.00	\$2,530.71	\$1,003.39	\$1,527.32	\$1,364.95	\$1,003.39
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$142.37	\$20.00	\$1,117.12	\$456.89	\$660.23	\$497.86	\$456.89
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$142.37	\$20.00	\$2,071.87	\$845.59	\$1,226.28	\$1,063.91	\$845.59
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$142.37	\$20.00	\$2,644.72	\$1,078.81	\$1,565.91	\$1,403.54	\$1,078.81
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$142.37	\$20.00	\$1,367.92	\$470.08	\$897.84	\$735.47	\$470.08
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$142.37	\$20.00	\$2,573.47	\$871.38	\$1,702.09	\$1,539.72	\$871.38
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$142.37	\$20.00	\$3,296.80	\$1,112.15	\$2,184.65	\$2,022.28	\$1,112.15
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$408.10	\$ 499.06	\$336.69	\$408.10
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$773.01	\$ 878.94	\$716.57	\$773.01
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$991.96	\$ 1,106.86	\$944.49	\$991.96

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