

**OTHER NORTHERN AREA
2018 MATRIX**

Dental Rates eff 9-30-17



LEA 90% EMPLOYEES WITH 2018 CAPS

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

0.9

PAYROLL USE
ONLY

| 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 | | |
| 22 4030 | | | | | | | | | | |
| KAISER | | HMO | | | | | | | | |
| KP01 | E60 | SELF | 1 | \$795.43 | \$142.37 | \$20.00 | \$957.80 | \$602.08 | \$355.72 | \$193.35 \$602.08 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,590.86 | \$142.37 | \$20.00 | \$1,753.23 | \$1,100.41 | \$652.82 | \$490.45 \$1,100.41 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,068.12 | \$142.37 | \$20.00 | \$2,230.49 | \$1,399.42 | \$831.07 | \$668.70 \$1,399.42 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS | | HMO | | | | | | | | |
| BA01 | E60 | SELF | 1 | \$894.43 | \$142.37 | \$20.00 | \$1,056.80 | \$671.84 | \$384.96 | \$222.59 \$671.84 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,788.86 | \$142.37 | \$20.00 | \$1,951.23 | \$1,239.92 | \$711.31 | \$548.94 \$1,239.92 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,325.52 | \$142.37 | \$20.00 | \$2,487.89 | \$1,580.77 | \$907.12 | \$744.75 \$1,580.77 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross- PERS CHOICE | | PPO 80/20 | | | | | | | | |
| CH01 | E60 | SELF | 1 | \$813.96 | \$142.37 | \$20.00 | \$976.33 | \$615.12 | \$361.21 | \$198.84 \$615.12 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,627.92 | \$142.37 | \$20.00 | \$1,790.29 | \$1,126.50 | \$663.79 | \$501.42 \$1,126.50 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,116.30 | \$142.37 | \$20.00 | \$2,278.67 | \$1,433.32 | \$845.35 | \$682.98 \$1,433.32 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT | | PPO 80/20 | | | | | | | | |
| SE01 | E60 | SELF | 1 | \$691.78 | \$142.37 | \$20.00 | \$854.15 | \$506.81 | \$347.34 | \$184.97 \$506.81 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,383.56 | \$142.37 | \$20.00 | \$1,545.93 | \$920.09 | \$625.84 | \$463.47 \$920.09 |
| | F60 | SELF + DEPENDENTS | 3 | \$1,798.63 | \$142.37 | \$20.00 | \$1,961.00 | \$1,168.06 | \$792.94 | \$630.57 \$1,168.06 |
| 43 4060 | | | | | | | | | | |
| PERS CARE | | PPO 90/10 | | | | | | | | |
| CA01 | E60 | SELF | 1 | \$866.93 | \$142.37 | \$20.00 | \$1,029.30 | \$601.81 | \$427.49 | \$265.12 \$601.81 |
| | D60 | SELF + 1 DEPENDENT | 2 | \$1,733.86 | \$142.37 | \$20.00 | \$1,896.23 | \$1,110.11 | \$786.12 | \$623.75 \$1,110.11 |
| | F60 | SELF + DEPENDENTS | 3 | \$2,254.02 | \$142.37 | \$20.00 | \$2,416.39 | \$1,415.08 | \$1,001.31 | \$838.94 \$1,415.08 |

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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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 | | |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$910.90 | \$142.37 | \$20.00 | \$1,073.27 | \$550.14 | \$523.13 | \$360.76 | \$550.14 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,821.80 | \$142.37 | \$20.00 | \$1,984.17 | \$1,012.60 | \$971.57 | \$809.20 | \$1,012.60 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,368.34 | \$142.37 | \$20.00 | \$2,530.71 | \$1,290.08 | \$1,240.63 | \$1,078.26 | \$1,290.08 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$954.75 | \$142.37 | \$20.00 | \$1,117.12 | \$587.43 | \$529.69 | \$367.32 | \$587.43 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,909.50 | \$142.37 | \$20.00 | \$2,071.87 | \$1,087.19 | \$984.68 | \$822.31 | \$1,087.19 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,482.35 | \$142.37 | \$20.00 | \$2,644.72 | \$1,387.04 | \$1,257.68 | \$1,095.31 | \$1,387.04 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$1,205.55 | \$142.37 | \$20.00 | \$1,367.92 | \$604.39 | \$763.53 | \$601.16 | \$604.39 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$2,411.10 | \$142.37 | \$20.00 | \$2,573.47 | \$1,120.35 | \$1,453.12 | \$1,290.75 | \$1,120.35 |
| | F20 | SELF + DEPENDENTS | 3 | \$3,134.43 | \$142.37 | \$20.00 | \$3,296.80 | \$1,429.90 | \$1,866.90 | \$1,704.53 | \$1,429.90 |
| Western Health Advantage HMO PLAN | | | | | | | | | | | |
| | | SELF | 1 | \$ 744.79 | \$142.37 | \$20.00 | \$907.16 | \$524.70 | \$ 382.46 | \$220.09 | \$524.70 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,489.58 | \$142.37 | \$20.00 | \$1,651.95 | \$993.87 | \$ 658.08 | \$495.71 | \$993.87 |
| | | SELF + DEPENDENTS | 3 | \$ 1,936.45 | \$142.37 | \$20.00 | \$2,098.82 | \$1,275.37 | \$ 823.45 | \$661.08 | \$1,275.37 |

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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