

OTHER NORTHERN AREA  
2018 MATRIX

Dental Rates eff 9-30-17



**LEA 50% EMPLOYEES WITH 2018 CAPS**

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

0.5

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
22 4030											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$795.43	\$142.37	\$20.00	\$957.80	\$334.49	\$623.31	\$460.94	\$334.49
	D60	SELF + 1 DEPENDENT	2	\$1,590.86	\$142.37	\$20.00	\$1,753.23	\$611.34	\$1,141.89	\$979.52	\$611.34
	F60	SELF + DEPENDENTS	3	\$2,068.12	\$142.37	\$20.00	\$2,230.49	\$777.46	\$1,453.03	\$1,290.66	\$777.46
32 4010											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$894.43	\$142.37	\$20.00	\$1,056.80	\$373.25	\$683.55	\$521.18	\$373.25
	D60	SELF + 1 DEPENDENT	2	\$1,788.86	\$142.37	\$20.00	\$1,951.23	\$688.85	\$1,262.38	\$1,100.01	\$688.85
	F60	SELF + DEPENDENTS	3	\$2,325.52	\$142.37	\$20.00	\$2,487.89	\$878.21	\$1,609.68	\$1,447.31	\$878.21
41 4040											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$813.96	\$142.37	\$20.00	\$976.33	\$341.74	\$634.59	\$472.22	\$341.74
	D60	SELF + 1 DEPENDENT	2	\$1,627.92	\$142.37	\$20.00	\$1,790.29	\$625.84	\$1,164.45	\$1,002.08	\$625.84
	F60	SELF + DEPENDENTS	3	\$2,116.30	\$142.37	\$20.00	\$2,278.67	\$796.29	\$1,482.38	\$1,320.01	\$796.29
42 4050											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$691.78	\$142.37	\$20.00	\$854.15	\$281.56	\$572.59	\$410.22	\$281.56
	D60	SELF + 1 DEPENDENT	2	\$1,383.56	\$142.37	\$20.00	\$1,545.93	\$511.16	\$1,034.77	\$872.40	\$511.16
	F60	SELF + DEPENDENTS	3	\$1,798.63	\$142.37	\$20.00	\$1,961.00	\$648.92	\$1,312.08	\$1,149.71	\$648.92
43 4060											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$866.93	\$142.37	\$20.00	\$1,029.30	\$334.34	\$694.96	\$532.59	\$334.34
	D60	SELF + 1 DEPENDENT	2	\$1,733.86	\$142.37	\$20.00	\$1,896.23	\$616.73	\$1,279.50	\$1,117.13	\$616.73
	F60	SELF + DEPENDENTS	3	\$2,254.02	\$142.37	\$20.00	\$2,416.39	\$786.16	\$1,630.23	\$1,467.86	\$786.16

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	PAYROLL USE ONLY		
									Health Cost	ER Health Cost	
				*MANDATORY	*MANDATORY	applied to Health 1st					
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$142.37	\$20.00	\$1,073.27	\$305.64	\$767.63	\$605.26	\$305.64
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$142.37	\$20.00	\$1,984.17	\$562.56	\$1,421.61	\$1,259.24	\$562.56
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$142.37	\$20.00	\$2,530.71	\$716.71	\$1,814.00	\$1,651.63	\$716.71
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$142.37	\$20.00	\$1,117.12	\$326.35	\$790.77	\$628.40	\$326.35
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$142.37	\$20.00	\$2,071.87	\$604.00	\$1,467.87	\$1,305.50	\$604.00
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$142.37	\$20.00	\$2,644.72	\$770.58	\$1,874.14	\$1,711.77	\$770.58
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$142.37	\$20.00	\$1,367.92	\$335.77	\$1,032.15	\$869.78	\$335.77
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$142.37	\$20.00	\$2,573.47	\$622.42	\$1,951.05	\$1,788.68	\$622.42
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$142.37	\$20.00	\$3,296.80	\$794.39	\$2,502.41	\$2,340.04	\$794.39
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$291.50	\$ 615.66	\$453.29	\$291.50
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$552.15	\$ 1,099.80	\$937.43	\$552.15
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$708.54	\$ 1,390.28	\$1,227.91	\$708.54

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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