

**OTHER NORTHERN AREA  
2018 MATRIX**

Dental Rates eff 9-30-17



**LEA 55% EMPLOYEES WITH 2018 CAPS**

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

0.55

									PAYROLL USE ONLY		
									EE	ER	
									Health	Health	
									Cost	Cost	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH			
									applied to Health 1st		
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E60	SELF	1	\$795.43	\$142.37	\$20.00	\$957.80	\$367.94	\$589.86	\$427.49	\$367.94
	D60	SELF + 1 DEPENDENT	2	\$1,590.86	\$142.37	\$20.00	\$1,753.23	\$672.47	\$1,080.76	\$918.39	\$672.47
	F60	SELF + DEPENDENTS	3	\$2,068.12	\$142.37	\$20.00	\$2,230.49	\$855.20	\$1,375.29	\$1,212.92	\$855.20
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	1	\$894.43	\$142.37	\$20.00	\$1,056.80	\$410.57	\$646.23	\$483.86	\$410.57
	D60	SELF + 1 DEPENDENT	2	\$1,788.86	\$142.37	\$20.00	\$1,951.23	\$757.73	\$1,193.50	\$1,031.13	\$757.73
	F60	SELF + DEPENDENTS	3	\$2,325.52	\$142.37	\$20.00	\$2,487.89	\$966.03	\$1,521.86	\$1,359.49	\$966.03
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E60	SELF	1	\$813.96	\$142.37	\$20.00	\$976.33	\$375.91	\$600.42	\$438.05	\$375.91
	D60	SELF + 1 DEPENDENT	2	\$1,627.92	\$142.37	\$20.00	\$1,790.29	\$688.42	\$1,101.87	\$939.50	\$688.42
	F60	SELF + DEPENDENTS	3	\$2,116.30	\$142.37	\$20.00	\$2,278.67	\$875.92	\$1,402.75	\$1,240.38	\$875.92
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	1	\$691.78	\$142.37	\$20.00	\$854.15	\$309.72	\$544.43	\$382.06	\$309.72
	D60	SELF + 1 DEPENDENT	2	\$1,383.56	\$142.37	\$20.00	\$1,545.93	\$562.28	\$983.65	\$821.28	\$562.28
	F60	SELF + DEPENDENTS	3	\$1,798.63	\$142.37	\$20.00	\$1,961.00	\$713.81	\$1,247.19	\$1,084.82	\$713.81
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E60	SELF	1	\$866.93	\$142.37	\$20.00	\$1,029.30	\$367.77	\$661.53	\$499.16	\$367.77
	D60	SELF + 1 DEPENDENT	2	\$1,733.86	\$142.37	\$20.00	\$1,896.23	\$678.40	\$1,217.83	\$1,055.46	\$678.40
	F60	SELF + DEPENDENTS	3	\$2,254.02	\$142.37	\$20.00	\$2,416.39	\$864.77	\$1,551.62	\$1,389.25	\$864.77

*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		
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$142.37	\$20.00	\$1,073.27	\$336.20	\$737.07	\$574.70	\$336.20
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$142.37	\$20.00	\$1,984.17	\$618.81	\$1,365.36	\$1,202.99	\$618.81
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$142.37	\$20.00	\$2,530.71	\$788.38	\$1,742.33	\$1,579.96	\$788.38
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$142.37	\$20.00	\$1,117.12	\$358.99	\$758.13	\$595.76	\$358.99
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$142.37	\$20.00	\$2,071.87	\$664.39	\$1,407.48	\$1,245.11	\$664.39
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$142.37	\$20.00	\$2,644.72	\$847.63	\$1,797.09	\$1,634.72	\$847.63
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$142.37	\$20.00	\$1,367.92	\$369.35	\$998.57	\$836.20	\$369.35
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$142.37	\$20.00	\$2,573.47	\$684.66	\$1,888.81	\$1,726.44	\$684.66
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$142.37	\$20.00	\$3,296.80	\$873.83	\$2,422.97	\$2,260.60	\$873.83
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$320.65	\$ 586.51	\$424.14	\$320.65
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$607.37	\$ 1,044.58	\$882.21	\$607.37
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$779.39	\$ 1,319.43	\$1,157.06	\$779.39

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- 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