



**OTHER NORTHERN
2019 MATRIX**

0.6562

CSEA 5.5 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

									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						
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$783.13	\$114.13	\$25.00	\$922.26	\$462.91	\$459.35	\$320.22	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,566.26	\$114.13	\$25.00	\$1,705.39	\$462.91	\$1,242.48	\$1,103.35	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,036.14	\$114.13	\$25.00	\$2,175.27	\$462.91	\$1,712.36	\$1,573.23	\$462.91
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$976.81	\$114.13	\$25.00	\$1,115.94	\$462.91	\$653.03	\$513.90	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,953.62	\$114.13	\$25.00	\$2,092.75	\$462.91	\$1,629.84	\$1,490.71	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,539.71	\$114.13	\$25.00	\$2,678.84	\$462.91	\$2,215.93	\$2,076.80	\$462.91
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$866.95	\$114.13	\$25.00	\$1,006.08	\$462.91	\$543.17	\$404.04	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,733.90	\$114.13	\$25.00	\$1,873.03	\$462.91	\$1,410.12	\$1,270.99	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,254.07	\$114.13	\$25.00	\$2,393.20	\$462.91	\$1,930.29	\$1,791.16	\$462.91
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$511.34	\$114.13	\$25.00	\$650.47	\$462.91	\$187.56	\$48.43	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,022.68	\$114.13	\$25.00	\$1,161.81	\$462.91	\$698.90	\$559.77	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,329.48	\$114.13	\$25.00	\$1,468.61	\$462.91	\$1,005.70	\$866.57	\$462.91
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,085.83	\$114.13	\$25.00	\$1,224.96	\$462.91	\$762.05	\$622.92	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$2,171.66	\$114.13	\$25.00	\$2,310.79	\$462.91	\$1,847.88	\$1,708.75	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,823.16	\$114.13	\$25.00	\$2,962.29	\$462.91	\$2,499.38	\$2,360.25	\$462.91

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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				eff 1-1-15	eff 1-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$592.23	\$114.13	\$25.00	\$731.36	\$462.91	\$268.45	\$129.32	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$114.13	\$25.00	\$1,323.59	\$462.91	\$860.68	\$721.55	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$114.13	\$25.00	\$1,678.93	\$462.91	\$1,216.02	\$1,076.89	\$462.91
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$114.13	\$25.00	\$1,473.51	\$462.91	\$1,010.60	\$871.47	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$114.13	\$25.00	\$2,807.89	\$462.91	\$2,344.98	\$2,205.85	\$462.91
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$114.13	\$25.00	\$3,608.52	\$462.91	\$3,145.61	\$3,006.48	\$462.91
United HealthCare HMO PLAN											
UN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Western Health Advantage HMO											
		SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$462.91	\$372.90	\$233.77	\$462.91
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$462.91	\$1,069.58	\$930.45	\$462.91
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$462.91	\$1,487.59	\$1,348.46	\$462.91

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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