



**OTHER NORTHERN  
2019 MATRIX**

0.7812

**CSEA 6.5 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						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E20	SELF	1	\$783.13	\$114.13	\$25.00	\$922.26	\$547.08	\$375.18	\$236.05	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,566.26	\$114.13	\$25.00	\$1,705.39	\$547.08	\$1,158.31	\$1,019.18	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,036.14	\$114.13	\$25.00	\$2,175.27	\$547.08	\$1,628.19	\$1,489.06	\$547.08
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$976.81	\$114.13	\$25.00	\$1,115.94	\$547.08	\$568.86	\$429.73	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,953.62	\$114.13	\$25.00	\$2,092.75	\$547.08	\$1,545.67	\$1,406.54	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,539.71	\$114.13	\$25.00	\$2,678.84	\$547.08	\$2,131.76	\$1,992.63	\$547.08
<b>41 4040</b>											
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>											
CH01	E20	SELF	1	\$866.95	\$114.13	\$25.00	\$1,006.08	\$547.08	\$459.00	\$319.87	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,733.90	\$114.13	\$25.00	\$1,873.03	\$547.08	\$1,325.95	\$1,186.82	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,254.07	\$114.13	\$25.00	\$2,393.20	\$547.08	\$1,846.12	\$1,706.99	\$547.08
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$511.34	\$114.13	\$25.00	\$650.47	\$547.08	\$103.39	\$0.00	\$511.34
	D20	SELF + 1 DEPENDENT	2	\$1,022.68	\$114.13	\$25.00	\$1,161.81	\$547.08	\$614.73	\$475.60	\$547.08
	F20	SELF + DEPENDENTS	3	\$1,329.48	\$114.13	\$25.00	\$1,468.61	\$547.08	\$921.53	\$782.40	\$547.08
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$1,085.83	\$114.13	\$25.00	\$1,224.96	\$547.08	\$677.88	\$538.75	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$2,171.66	\$114.13	\$25.00	\$2,310.79	\$547.08	\$1,763.71	\$1,624.58	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,823.16	\$114.13	\$25.00	\$2,962.29	\$547.08	\$2,415.21	\$2,276.08	\$547.08

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\*\*



**OTHER NORTHERN  
2019 MATRIX  
CSEA 6.5 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						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$114.13	\$25.00	\$731.36	\$547.08	\$184.28	\$45.15	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$114.13	\$25.00	\$1,323.59	\$547.08	\$776.51	\$637.38	\$547.08
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$114.13	\$25.00	\$1,678.93	\$547.08	\$1,131.85	\$992.72	\$547.08
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$114.13	\$25.00	\$1,473.51	\$547.08	\$926.43	\$787.30	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$114.13	\$25.00	\$2,807.89	\$547.08	\$2,260.81	\$2,121.68	\$547.08
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$114.13	\$25.00	\$3,608.52	\$547.08	\$3,061.44	\$2,922.31	\$547.08
<b>United HealthCare HMO PLAN</b>											
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
<b>Western Health Advantage HMO</b>											
		SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$547.08	\$288.73	\$149.60	\$547.08
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$547.08	\$985.41	\$846.28	\$547.08
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$547.08	\$1,403.42	\$1,264.29	\$547.08

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\*\*

**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