



**OTHER NORTHERN  
2019 MATRIX**

**CSEA 8 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	
				*MANDATORY	*MANDATORY						
				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	\$673.33	\$248.93	\$109.80	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,566.26	\$114.13	\$25.00	\$1,705.39	\$673.33	\$1,032.06	\$892.93	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,036.14	\$114.13	\$25.00	\$2,175.27	\$673.33	\$1,501.94	\$1,362.81	\$673.33
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$976.81	\$114.13	\$25.00	\$1,115.94	\$673.33	\$442.61	\$303.48	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,953.62	\$114.13	\$25.00	\$2,092.75	\$673.33	\$1,419.42	\$1,280.29	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,539.71	\$114.13	\$25.00	\$2,678.84	\$673.33	\$2,005.51	\$1,866.38	\$673.33
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>											
CH01	E20	SELF	1	\$866.95	\$114.13	\$25.00	\$1,006.08	\$673.33	\$332.75	\$193.62	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,733.90	\$114.13	\$25.00	\$1,873.03	\$673.33	\$1,199.70	\$1,060.57	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,254.07	\$114.13	\$25.00	\$2,393.20	\$673.33	\$1,719.87	\$1,580.74	\$673.33
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$511.34	\$114.13	\$25.00	\$650.47	\$673.33	\$0.00	\$0.00	\$511.34
	D20	SELF + 1 DEPENDENT	2	\$1,022.68	\$114.13	\$25.00	\$1,161.81	\$673.33	\$488.48	\$349.35	\$673.33
	F20	SELF + DEPENDENTS	3	\$1,329.48	\$114.13	\$25.00	\$1,468.61	\$673.33	\$795.28	\$656.15	\$673.33
<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	\$673.33	\$551.63	\$412.50	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$2,171.66	\$114.13	\$25.00	\$2,310.79	\$673.33	\$1,637.46	\$1,498.33	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,823.16	\$114.13	\$25.00	\$2,962.29	\$673.33	\$2,288.96	\$2,149.83	\$673.33

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 <small>*MANDATORY eff 1-1-15</small>	VISION <small>*MANDATORY eff 1-1-15</small>	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$114.13	\$25.00	\$731.36	\$673.33	\$58.03	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$114.13	\$25.00	\$1,323.59	\$673.33	\$650.26	\$511.13	\$673.33
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$114.13	\$25.00	\$1,678.93	\$673.33	\$1,005.60	\$866.47	\$673.33
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$114.13	\$25.00	\$1,473.51	\$673.33	\$800.18	\$661.05	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$114.13	\$25.00	\$2,807.89	\$673.33	\$2,134.56	\$1,995.43	\$673.33
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$114.13	\$25.00	\$3,608.52	\$673.33	\$2,935.19	\$2,796.06	\$673.33
<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	\$673.33	\$162.48	\$23.35	\$673.33
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$673.33	\$859.16	\$720.03	\$673.33
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$673.33	\$1,277.17	\$1,138.04	\$673.33

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