



**OTHER NORTHERN
2019 MATRIX**

.6750-.7249

LPPA 70% EMPLOYEES WITH 2016 CAPS

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 9/30/17	eff 9-1-15					
22 4030										
KAISER HMO										
KP01	E70	SELF	\$783.13	\$145.64	\$25.00	\$953.77	\$540.44	\$413.33	\$242.69	\$540.44
	D70	SELF + 1 DEPENDENT	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$540.44	\$1,196.46	\$1,025.82	\$540.44
	F70	SELF + DEPENDENTS	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$540.44	\$1,666.34	\$1,495.70	\$540.44
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$976.81	\$145.64	\$25.00	\$1,147.45	\$540.44	\$607.01	\$436.37	\$540.44
	D70	SELF + 1 DEPENDENT	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$540.44	\$1,583.82	\$1,413.18	\$540.44
	F70	SELF + DEPENDENTS	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$540.44	\$2,169.91	\$1,999.27	\$540.44
41 4040										
Athem Blue Cross-CHOICE PERS										
PPO 80/20										
CH01	E70	SELF	\$866.95	\$145.64	\$25.00	\$1,037.59	\$540.44	\$497.15	\$326.51	\$540.44
	D70	SELF + 1 DEPENDENT	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$540.44	\$1,364.10	\$1,193.46	\$540.44
	F70	SELF + DEPENDENTS	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$540.44	\$1,884.27	\$1,713.63	\$540.44
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$511.34	\$145.64	\$25.00	\$681.98	\$540.44	\$141.54	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$540.44	\$652.88	\$482.24	\$540.44
	F70	SELF + DEPENDENTS	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$540.44	\$959.68	\$789.04	\$540.44
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$540.44	\$716.03	\$545.39	\$540.44
	D70	SELF + 1 DEPENDENT	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$540.44	\$1,801.86	\$1,631.22	\$540.44
	F70	SELF + DEPENDENTS	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$540.44	\$2,453.36	\$2,282.72	\$540.44

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

LPPA 70% EMPLOYEES WITH 2016 CAPS

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	ER	
									Health Cost	Health Cost	
			eff 9/30/17	eff 9-1-15							
Anthem HMO Select											
AHS1	E20	SELF	1	\$592.23	\$145.64	\$25.00	\$762.87	\$540.44	\$222.43	\$51.79	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$540.44	\$814.66	\$644.02	\$540.44
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$540.44	\$1,170.00	\$999.36	\$540.44
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$540.44	\$964.58	\$793.94	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$540.44	\$2,298.96	\$2,128.32	\$540.44
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$540.44	\$3,099.59	\$2,928.95	\$540.44
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 PLAN											
Western Health Advantage		SELF	1	\$696.68	\$145.64	\$25.00	\$867.32	\$540.44	\$326.88	\$156.24	\$540.44
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$540.44	\$1,023.56	\$852.92	\$540.44
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$540.44	\$1,441.57	\$1,270.93	\$540.44

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