



**OTHER NORTHERN
2019 MATRIX**

.7750-.8249

LPPA 80% 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	1	\$783.13	\$145.64	\$25.00	\$953.77	\$617.64	\$336.13	\$165.49	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$617.64	\$1,119.26	\$948.62	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$617.64	\$1,589.14	\$1,418.50	\$617.64
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$617.64	\$529.81	\$359.17	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$617.64	\$1,506.62	\$1,335.98	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$617.64	\$2,092.71	\$1,922.07	\$617.64
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$617.64	\$419.95	\$249.31	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$617.64	\$1,286.90	\$1,116.26	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$617.64	\$1,807.07	\$1,636.43	\$617.64
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$617.64	\$64.34	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$617.64	\$575.68	\$405.04	\$617.64
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$617.64	\$882.48	\$711.84	\$617.64
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$617.64	\$638.83	\$468.19	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$617.64	\$1,724.66	\$1,554.02	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$617.64	\$2,376.16	\$2,205.52	\$617.64

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	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$592.23	\$145.64	\$25.00	\$762.87	\$617.64	\$145.23	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$617.64	\$737.46	\$566.82	\$617.64
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$617.64	\$1,092.80	\$922.16	\$617.64
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$617.64	\$887.38	\$716.74	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$617.64	\$2,221.76	\$2,051.12	\$617.64
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$617.64	\$3,022.39	\$2,851.75	\$617.64
United HealthCare											
HMO PLAN											
UN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$617.64	-\$617.64	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$617.64	-\$617.64	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$617.64	-\$617.64	\$0.00	\$0.00
Western Health Advantage											
HMO PLAN											
		SELF	1	\$696.68	\$145.64	\$25.00	\$867.32	\$617.64	\$249.68	\$79.04	\$617.64
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$617.64	\$946.36	\$775.72	\$617.64
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$617.64	\$1,364.37	\$1,193.73	\$617.64

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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