



**OTHER NORTHERN
2019 MATRIX**

.8250-.8749

LPPA 85% 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	\$656.24	\$297.53	\$126.89	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$656.24	\$1,080.66	\$910.02	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$656.24	\$1,550.54	\$1,379.90	\$656.24
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$656.24	\$491.21	\$320.57	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$656.24	\$1,468.02	\$1,297.38	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$656.24	\$2,054.11	\$1,883.47	\$656.24
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80//20											
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$656.24	\$381.35	\$210.71	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$656.24	\$1,248.30	\$1,077.66	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$656.24	\$1,768.47	\$1,597.83	\$656.24
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$656.24	\$25.74	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$656.24	\$537.08	\$366.44	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$656.24	\$843.88	\$673.24	\$656.24
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$656.24	\$600.23	\$429.59	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$656.24	\$1,686.06	\$1,515.42	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$656.24	\$2,337.56	\$2,166.92	\$656.24

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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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	\$656.24	\$106.63	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$656.24	\$698.86	\$528.22	\$656.24
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$656.24	\$1,054.20	\$883.56	\$656.24
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$656.24	\$848.78	\$678.14	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$656.24	\$2,183.16	\$2,012.52	\$656.24
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$656.24	\$2,983.79	\$2,813.15	\$656.24
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	\$656.24	\$211.08	\$40.44	\$656.24
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$656.24	\$907.76	\$737.12	\$656.24
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$656.24	\$1,325.77	\$1,155.13	\$656.24

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- .Dental and Vision plans require 100% participation for full -time employees *
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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