



**OTHER NORTHERN
2019 MATRIX**

.5250-.5749

LPPA 55% 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	\$424.63	\$529.14	\$358.50	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$424.63	\$1,312.27	\$1,141.63	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$424.63	\$1,782.15	\$1,611.51	\$424.63
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$424.63	\$722.82	\$552.18	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$424.63	\$1,699.63	\$1,528.99	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$424.63	\$2,285.72	\$2,115.08	\$424.63
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/10									
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$424.63	\$612.96	\$442.32	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$424.63	\$1,479.91	\$1,309.27	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$424.63	\$2,000.08	\$1,829.44	\$424.63
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$424.63	\$257.35	\$86.71	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$424.63	\$768.69	\$598.05	\$424.63
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$424.63	\$1,075.49	\$904.85	\$424.63
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$424.63	\$831.84	\$661.20	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$424.63	\$1,917.67	\$1,747.03	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$424.63	\$2,569.17	\$2,398.53	\$424.63

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 55% 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	\$424.63	\$338.24	\$167.60	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$424.63	\$930.47	\$759.83	\$424.63
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$424.63	\$1,285.81	\$1,115.17	\$424.63
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$424.63	\$1,080.39	\$909.75	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$424.63	\$2,414.77	\$2,244.13	\$424.63
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$424.63	\$3,215.40	\$3,044.76	\$424.63
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											
		SELF	1	\$696.68	\$145.64	\$25.00	\$867.32	\$424.63	\$442.69	\$272.05	\$424.63
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$424.63	\$1,139.37	\$968.73	\$424.63
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$424.63	\$1,557.38	\$1,386.74	\$424.63

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