



**OTHER NORTHERN
2019 MATRIX**

.50-.5249

LPPA 50% 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	\$386.03	\$567.74	\$397.10	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$386.03	\$1,350.87	\$1,180.23	\$386.03
	F70	SELF + DEPENDENTS	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$386.03	\$1,820.75	\$1,650.11	\$386.03
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$976.81	\$145.64	\$25.00	\$1,147.45	\$386.03	\$761.42	\$590.78	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$386.03	\$1,738.23	\$1,567.59	\$386.03
	F70	SELF + DEPENDENTS	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$386.03	\$2,324.32	\$2,153.68	\$386.03
41 4040										
Athem Blue Cross- PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$866.95	\$145.64	\$25.00	\$1,037.59	\$386.03	\$651.56	\$480.92	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$386.03	\$1,518.51	\$1,347.87	\$386.03
	F70	SELF + DEPENDENTS	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$386.03	\$2,038.68	\$1,868.04	\$386.03
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$511.34	\$145.64	\$25.00	\$681.98	\$386.03	\$295.95	\$125.31	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$386.03	\$807.29	\$636.65	\$386.03
	F70	SELF + DEPENDENTS	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$386.03	\$1,114.09	\$943.45	\$386.03
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$386.03	\$870.44	\$699.80	\$386.03
	D70	SELF + 1 DEPENDENT	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$386.03	\$1,956.27	\$1,785.63	\$386.03
	F70	SELF + DEPENDENTS	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$386.03	\$2,607.77	\$2,437.13	\$386.03

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 eff 9/30/17	VISION eff 9-1-15	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	\$386.03	\$376.84	\$206.20	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$386.03	\$969.07	\$798.43	\$386.03
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$386.03	\$1,324.41	\$1,153.77	\$386.03
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$386.03	\$1,118.99	\$948.35	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$386.03	\$2,453.37	\$2,282.73	\$386.03
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$386.03	\$3,254.00	\$3,083.36	\$386.03
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	\$386.03	\$481.29	\$310.65	\$386.03
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$386.03	\$1,177.97	\$1,007.33	\$386.03
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$386.03	\$1,595.98	\$1,425.34	\$386.03

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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