



**OTHER NORTHERN
2019 MATRIX**

.6250-.6749

LPPA 65% 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	\$501.83	\$451.94	\$281.30	\$501.83
	D70	SELF + 1 DEPENDENT	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$501.83	\$1,235.07	\$1,064.43	\$501.83
	F70	SELF + DEPENDENTS	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$501.83	\$1,704.95	\$1,534.31	\$501.83
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$976.81	\$145.64	\$25.00	\$1,147.45	\$501.83	\$645.62	\$474.98	\$501.83
	D70	SELF + 1 DEPENDENT	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$501.83	\$1,622.43	\$1,451.79	\$501.83
	F70	SELF + DEPENDENTS	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$501.83	\$2,208.52	\$2,037.88	\$501.83
41 4040										
Athem Blue Cross- CHOICE PERS PPO 80/20										
CH01	E70	SELF	\$866.95	\$145.64	\$25.00	\$1,037.59	\$501.83	\$535.76	\$365.12	\$501.83
	D70	SELF + 1 DEPENDENT	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$501.83	\$1,402.71	\$1,232.07	\$501.83
	F70	SELF + DEPENDENTS	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$501.83	\$1,922.88	\$1,752.24	\$501.83
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$511.34	\$145.64	\$25.00	\$681.98	\$501.83	\$180.15	\$9.51	\$501.83
	D70	SELF + 1 DEPENDENT	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$501.83	\$691.49	\$520.85	\$501.83
	F70	SELF + DEPENDENTS	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$501.83	\$998.29	\$827.65	\$501.83
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$501.83	\$754.64	\$584.00	\$501.83
	D70	SELF + 1 DEPENDENT	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$501.83	\$1,840.47	\$1,669.83	\$501.83
	F70	SELF + DEPENDENTS	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$501.83	\$2,491.97	\$2,321.33	\$501.83

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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									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	\$501.83	\$261.04	\$90.40	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$501.83	\$853.27	\$682.63	\$501.83
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$501.83	\$1,208.61	\$1,037.97	\$501.83
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$501.83	\$1,003.19	\$832.55	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$501.83	\$2,337.57	\$2,166.93	\$501.83
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$501.83	\$3,138.20	\$2,967.56	\$501.83
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	\$501.83	\$365.49	\$194.85	\$501.83
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$501.83	\$1,062.17	\$891.53	\$501.83
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$501.83	\$1,480.18	\$1,309.54	\$501.83

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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