

OTHER NORTHERN
2019 MATRIX

.7250-.7749



LPPA 75% 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	\$579.04	\$374.73	\$204.09	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$579.04	\$1,157.86	\$987.22	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$579.04	\$1,627.74	\$1,457.10	\$579.04
52 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$579.04	\$568.41	\$397.77	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$579.04	\$1,545.22	\$1,374.58	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$579.04	\$2,131.31	\$1,960.67	\$579.04
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$579.04	\$458.55	\$287.91	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$579.04	\$1,325.50	\$1,154.86	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$579.04	\$1,845.67	\$1,675.03	\$579.04
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$579.04	\$102.94	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$579.04	\$614.28	\$443.64	\$579.04
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$579.04	\$921.08	\$750.44	\$579.04
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$579.04	\$677.43	\$506.79	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$579.04	\$1,763.26	\$1,592.62	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$579.04	\$2,414.76	\$2,244.12	\$579.04

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	\$579.04	\$183.83	\$13.19	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$579.04	\$776.06	\$605.42	\$579.04
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$579.04	\$1,131.40	\$960.76	\$579.04
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$579.04	\$925.98	\$755.34	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$579.04	\$2,260.36	\$2,089.72	\$579.04
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$579.04	\$3,060.99	\$2,890.35	\$579.04
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	\$579.04	\$288.28	\$117.64	\$579.04
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$579.04	\$984.96	\$814.32	\$579.04
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$579.04	\$1,402.97	\$1,232.33	\$579.04

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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