



**OTHER NORTHERN
2019 MATRIX**

.9250-.9749

LPPA 95% EMPLOYEES WITH 2016 CAPS

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

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	\$733.45	\$220.32	\$49.68	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$733.45	\$1,003.45	\$832.81	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$733.45	\$1,473.33	\$1,302.69	\$733.45
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$733.45	\$414.00	\$243.36	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$733.45	\$1,390.81	\$1,220.17	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$733.45	\$1,976.90	\$1,806.26	\$733.45
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$733.45	\$304.14	\$133.50	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$733.45	\$1,171.09	\$1,000.45	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$733.45	\$1,691.26	\$1,520.62	\$733.45
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$733.45	\$0.00	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$733.45	\$459.87	\$289.23	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$733.45	\$766.67	\$596.03	\$733.45
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$733.45	\$523.02	\$352.38	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$733.45	\$1,608.85	\$1,438.21	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$733.45	\$2,260.35	\$2,089.71	\$733.45

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	VISION	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	\$733.45	\$29.42	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$733.45	\$621.65	\$451.01	\$733.45
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$733.45	\$976.99	\$806.35	\$733.45
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$733.45	\$771.57	\$600.93	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$733.45	\$2,105.95	\$1,935.31	\$733.45
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$733.45	\$2,906.58	\$2,735.94	\$733.45
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	\$733.45	\$133.87	\$0.00	\$696.68
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$733.45	\$830.55	\$659.91	\$733.45
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$733.45	\$1,248.56	\$1,077.92	\$733.45

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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