



**OTHER NORTHERN  
2019 MATRIX**

.8750-.9249

**LPPA 90% 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					
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E70	SELF	\$783.13	\$145.64	\$25.00	\$953.77	\$694.85	\$258.92	\$88.28	\$694.85
	D70	SELF + 1 DEPENDENT	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$694.85	\$1,042.05	\$871.41	\$694.85
	F70	SELF + DEPENDENTS	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$694.85	\$1,511.93	\$1,341.29	\$694.85
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E70	SELF	\$976.81	\$145.64	\$25.00	\$1,147.45	\$694.85	\$452.60	\$281.96	\$694.85
	D70	SELF + 1 DEPENDENT	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$694.85	\$1,429.41	\$1,258.77	\$694.85
	F70	SELF + DEPENDENTS	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$694.85	\$2,015.50	\$1,844.86	\$694.85
<b>41 4040</b>										
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>										
CH01	E70	SELF	\$866.95	\$145.64	\$25.00	\$1,037.59	\$694.85	\$342.74	\$172.10	\$694.85
	D70	SELF + 1 DEPENDENT	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$694.85	\$1,209.69	\$1,039.05	\$694.85
	F70	SELF + DEPENDENTS	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$694.85	\$1,729.86	\$1,559.22	\$694.85
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E70	SELF	\$511.34	\$145.64	\$25.00	\$681.98	\$694.85	\$0.00	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$694.85	\$498.47	\$327.83	\$694.85
	F70	SELF + DEPENDENTS	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$694.85	\$805.27	\$634.63	\$694.85
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E70	SELF	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$694.85	\$561.62	\$390.98	\$694.85
	D70	SELF + 1 DEPENDENT	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$694.85	\$1,647.45	\$1,476.81	\$694.85
	F70	SELF + DEPENDENTS	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$694.85	\$2,298.95	\$2,128.31	\$694.85

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 <small>eff 9/30/17</small>	VISION <small>eff 9-1-15</small>	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER
										Health Cost	Health Cost
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$145.64	\$25.00	\$762.87	\$694.85	\$68.02	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$694.85	\$660.25	\$489.61	\$694.85
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$694.85	\$1,015.59	\$844.95	\$694.85
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$694.85	\$810.17	\$639.53	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$694.85	\$2,144.55	\$1,973.91	\$694.85
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$694.85	\$2,945.18	\$2,774.54	\$694.85
<b>United HealthCare HMO PLAN</b>											
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
<b>Western Health Advantage HMO PLAN</b>											
<b>Western Health Advantage</b>		SELF	1	\$696.68	\$145.64	\$25.00	\$867.32	\$694.85	\$172.47	\$1.83	\$694.85
		SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$694.85	\$869.15	\$698.51	\$694.85
		SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$694.85	\$1,287.16	\$1,116.52	\$694.85

*rates are subject to change throughout the year*

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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