



**OTHER NORTHERN AREA**

**2019 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"**

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
			*MANDATORY		*MANDATORY			
			Eff 9-30-17					
<b>KAISER</b>	<b>HMO</b>							
	<b>SINGLE</b>	1	\$ 783.13	\$140.77	\$ 20.00	\$ 943.90	\$ -	\$ 943.90
	<b>2-PARTY</b>	2	\$ 1,566.26	\$140.77	\$ 20.00	\$ 1,727.03	\$ -	\$ 1,727.03
	<b>FAMILY</b>	3	\$ 2,036.14	\$140.77	\$ 20.00	\$ 2,196.91	\$ -	\$ 2,196.91
<b>Blue Shield Access+</b>	<b>HMO</b>							
	<b>SINGLE</b>	1	\$ 976.81	\$140.77	\$ 20.00	\$ 1,137.58	\$ -	\$ 1,137.58
	<b>2-PARTY</b>	2	\$ 1,953.62	\$140.77	\$ 20.00	\$ 2,114.39	\$ -	\$ 2,114.39
	<b>FAMILY</b>	3	\$ 2,539.71	\$140.77	\$ 20.00	\$ 2,700.48	\$ -	\$ 2,700.48
<b>PERS Choice</b>	<b>PPO 80/20</b>							
	<b>SINGLE</b>	1	\$ 866.95	\$140.77	\$ 20.00	\$ 1,027.72	\$ -	\$ 1,027.72
	<b>2-PARTY</b>	2	\$ 1,733.90	\$140.77	\$ 20.00	\$ 1,894.67	\$ -	\$ 1,894.67
	<b>FAMILY</b>	3	\$ 2,254.07	\$140.77	\$ 20.00	\$ 2,414.84	\$ -	\$ 2,414.84
<b>PERS Select</b>	<b>PPO 80/20</b>							
	<b>SINGLE</b>	1	\$ 511.34	\$140.77	\$ 20.00	\$ 672.11	\$ -	\$ 672.11
	<b>2-PARTY</b>	2	\$ 1,022.68	\$140.77	\$ 20.00	\$ 1,183.45	\$ -	\$ 1,183.45
	<b>FAMILY</b>	3	\$ 1,329.48	\$140.77	\$ 20.00	\$ 1,490.25	\$ -	\$ 1,490.25
<b>PERSCare</b>	<b>PPO 90/10</b>							
	<b>SINGLE</b>	1	\$ 1,085.83	\$140.77	\$ 20.00	\$ 1,246.60	\$ -	\$ 1,246.60
	<b>2-PARTY</b>	2	\$ 2,171.66	\$140.77	\$ 20.00	\$ 2,332.43	\$ -	\$ 2,332.43
	<b>FAMILY</b>	3	\$ 2,823.16	\$140.77	\$ 20.00	\$ 2,983.93	\$ -	\$ 2,983.93



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
<b>Anthem HMO Select</b>									
AHS1	E20	SELF	1	\$ 592.23	\$ 140.77	\$ 20.00	\$ 753.00	\$ -	\$ 753.00
	D20	SELF + 1 DEPENDENT	2	\$ 1,184.46	\$ 140.77	\$ 20.00	\$ 1,345.23	\$ -	\$ 1,345.23
	F20	SELF + DEPENDENTS	3	\$ 1,539.80	\$ 140.77	\$ 20.00	\$ 1,700.57	\$ -	\$ 1,700.57
<b>Anthem HMO Traditional</b>									
AHT1	E20	SELF	1	\$ 1,334.38	\$ 140.77	\$ 20.00	\$ 1,495.15	\$ -	\$ 1,495.15
	D20	SELF + 1 DEPENDENT	2	\$ 2,668.76	\$ 140.77	\$ 20.00	\$ 2,829.53	\$ -	\$ 2,829.53
	F20	SELF + DEPENDENTS	3	\$ 3,469.39	\$ 140.77	\$ 20.00	\$ 3,630.16	\$ -	\$ 3,630.16
<b>United HealthCare HMO PLAN</b>									
UN01	E20	SELF	1	N/A	N/A	N/A	\$ -	\$ -	\$ -
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$ -	\$ -	\$ -
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$ -	\$ -	\$ -
<b>Western Health Advantage HMO PLAN</b>									
		SELF	1	\$ 696.68	\$ 140.77	\$ 20.00	\$ 857.45	\$ -	\$ 857.45
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$ 140.77	\$ 20.00	\$ 1,554.13	\$ -	\$ 1,554.13
		SELF + DEPENDENTS	3	\$ 1,811.37	\$ 140.77	\$ 20.00	\$ 1,972.14	\$ -	\$ 1,972.14

*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\*\*

**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

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information