



**OTHER NORTHERN  
2019 MATRIX**

.975-100

**LPPA 100% 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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost		
				*MANDATORY Eff 9-30-17						*MANDATORY eff 1-1-16	
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E70	SELF	1	\$783.13	\$145.64	\$25.00	\$953.77	\$772.05	\$181.72	\$11.08	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,566.26	\$145.64	\$25.00	\$1,736.90	\$772.05	\$964.85	\$794.21	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,036.14	\$145.64	\$25.00	\$2,206.78	\$772.05	\$1,434.73	\$1,264.09	\$772.05
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E70	SELF	1	\$976.81	\$145.64	\$25.00	\$1,147.45	\$772.05	\$375.40	\$204.76	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,953.62	\$145.64	\$25.00	\$2,124.26	\$772.05	\$1,352.21	\$1,181.57	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,539.71	\$145.64	\$25.00	\$2,710.35	\$772.05	\$1,938.30	\$1,767.66	\$772.05
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E70	SELF	1	\$866.95	\$145.64	\$25.00	\$1,037.59	\$772.05	\$265.54	\$94.90	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,733.90	\$145.64	\$25.00	\$1,904.54	\$772.05	\$1,132.49	\$961.85	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,254.07	\$145.64	\$25.00	\$2,424.71	\$772.05	\$1,652.66	\$1,482.02	\$772.05
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E70	SELF	1	\$511.34	\$145.64	\$25.00	\$681.98	\$772.05	\$0.00	\$0.00	\$511.34
	D70	SELF + 1 DEPENDENT	2	\$1,022.68	\$145.64	\$25.00	\$1,193.32	\$772.05	\$421.27	\$250.63	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,329.48	\$145.64	\$25.00	\$1,500.12	\$772.05	\$728.07	\$557.43	\$772.05
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E70	SELF	1	\$1,085.83	\$145.64	\$25.00	\$1,256.47	\$772.05	\$484.42	\$313.78	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$2,171.66	\$145.64	\$25.00	\$2,342.30	\$772.05	\$1,570.25	\$1,399.61	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,823.16	\$145.64	\$25.00	\$2,993.80	\$772.05	\$2,221.75	\$2,051.11	\$772.05

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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LPPA 100% EMPLOYEES WITH 2016 CAPS

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									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
				*MANDATORY Eff 9-30-17	*MANDATORY eff 1-1-16						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$145.64	\$25.00	\$762.87	\$772.05	<b>\$0.00</b>	<b>\$0.00</b>	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$145.64	\$25.00	\$1,355.10	\$772.05	\$583.05	\$412.41	\$772.05
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$145.64	\$25.00	\$1,710.44	\$772.05	\$938.39	\$767.75	\$772.05
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$145.64	\$25.00	\$1,505.02	\$772.05	\$732.97	\$562.33	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$145.64	\$25.00	\$2,839.40	\$772.05	\$2,067.35	\$1,896.71	\$772.05
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$145.64	\$25.00	\$3,640.03	\$772.05	\$2,867.98	\$2,697.34	\$772.05
<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>											
	SELF	1	\$696.68	\$145.64	\$25.00	\$867.32	\$772.05	\$772.05	\$95.27	<b>\$0.00</b>	\$696.68
	SELF + 1 DEPENDENT	2	\$1,393.36	\$145.64	\$25.00	\$1,564.00	\$772.05	\$772.05	\$791.95	\$621.31	\$772.05
	SELF + DEPENDENTS	3	\$1,811.37	\$145.64	\$25.00	\$1,982.01	\$772.05	\$772.05	\$1,209.96	\$1,039.32	\$772.05

*rates are subject to change throughout the year*

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- 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