



OTHER NORTHERN AREA  
2019 MATRIX

Dental Rates eff 9-30-17

**LEA 65% EMPLOYEES WITH 2018 CAPS**

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

0.65

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
applied to Health 1st											
<b>22 4030 KAISER HMO</b>											
KP01	E60	SELF	1	\$783.13	\$142.35	\$20.00	\$945.48	\$423.42	\$522.06	\$359.71	\$423.42
	D60	SELF + 1 DEPENDENT	2	\$1,566.26	\$142.35	\$20.00	\$1,728.61	\$772.98	\$955.63	\$793.28	\$772.98
	F60	SELF + DEPENDENTS	3	\$2,036.14	\$142.35	\$20.00	\$2,198.49	\$982.71	\$1,215.78	\$1,053.43	\$982.71
<b>32 4010 BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	1	\$976.81	\$142.35	\$20.00	\$1,139.16	\$494.64	\$644.52	\$482.17	\$494.64
	D60	SELF + 1 DEPENDENT	2	\$1,953.62	\$142.35	\$20.00	\$2,115.97	\$918.41	\$1,197.56	\$1,035.21	\$918.41
	F60	SELF + DEPENDENTS	3	\$2,539.71	\$142.35	\$20.00	\$2,702.06	\$1,172.67	\$1,529.39	\$1,367.04	\$1,172.67
<b>41 4040 Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E60	SELF	1	\$866.95	\$142.35	\$20.00	\$1,029.30	\$447.97	\$581.33	\$418.98	\$447.97
	D60	SELF + 1 DEPENDENT	2	\$1,733.90	\$142.35	\$20.00	\$1,896.25	\$825.23	\$1,071.02	\$908.67	\$825.23
	F60	SELF + DEPENDENTS	3	\$2,254.07	\$142.35	\$20.00	\$2,416.42	\$1,051.58	\$1,364.84	\$1,202.49	\$1,051.58
<b>42 4050 PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	1	\$511.34	\$142.35	\$20.00	\$673.69	\$293.51	\$380.18	\$217.83	\$293.51
	D60	SELF + 1 DEPENDENT	2	\$1,022.68	\$142.35	\$20.00	\$1,185.03	\$519.47	\$665.56	\$503.21	\$519.47
	F60	SELF + DEPENDENTS	3	\$1,329.48	\$142.35	\$20.00	\$1,491.83	\$655.05	\$836.78	\$674.43	\$655.05
<b>43 4060 PERS CARE PPO 90/10</b>											
CA01	E60	SELF	1	\$1,085.83	\$142.35	\$20.00	\$1,248.18	\$471.03	\$777.15	\$614.80	\$471.03
	D60	SELF + 1 DEPENDENT	2	\$2,171.66	\$142.35	\$20.00	\$2,334.01	\$882.96	\$1,451.05	\$1,288.70	\$882.96
	F60	SELF + DEPENDENTS	3	\$2,823.16	\$142.35	\$20.00	\$2,985.51	\$1,130.12	\$1,855.39	\$1,693.04	\$1,130.12

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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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									Health Cost	ER Health Cost	
applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$142.35	\$20.00	\$754.58	\$329.44	\$425.14	\$262.79	\$329.44
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$142.35	\$20.00	\$1,346.81	\$605.07	\$741.74	\$579.39	\$605.07
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$142.35	\$20.00	\$1,702.15	\$770.44	\$931.71	\$769.36	\$770.44
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$142.35	\$20.00	\$1,496.73	\$422.16	\$1,074.57	\$912.22	\$422.16
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$142.35	\$20.00	\$2,831.11	\$790.50	\$2,040.61	\$1,878.26	\$790.50
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$142.35	\$20.00	\$3,631.74	\$1,011.50	\$2,620.24	\$2,457.89	\$1,011.50
<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	\$142.35	\$20.00	\$859.03	\$378.95	\$ 480.08	\$317.73	\$378.95
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$717.80	\$ 837.91	\$675.56	\$717.80
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$921.10	\$ 1,052.62	\$890.27	\$921.10

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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

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