



**OTHER NORTHERN AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 60% EMPLOYEES WITH 2018 CAPS**

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

0.6

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</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$783.13	\$142.35	\$20.00	\$945.48	\$390.85	\$554.63	\$392.28	\$390.85
	D60	SELF + 1 DEPENDENT	2	\$1,566.26	\$142.35	\$20.00	\$1,728.61	\$713.52	\$1,015.09	\$852.74	\$713.52
	F60	SELF + DEPENDENTS	3	\$2,036.14	\$142.35	\$20.00	\$2,198.49	\$907.12	\$1,291.37	\$1,129.02	\$907.12
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$976.81	\$142.35	\$20.00	\$1,139.16	\$456.59	\$682.57	\$520.22	\$456.59
	D60	SELF + 1 DEPENDENT	2	\$1,953.62	\$142.35	\$20.00	\$2,115.97	\$847.76	\$1,268.21	\$1,105.86	\$847.76
	F60	SELF + DEPENDENTS	3	\$2,539.71	\$142.35	\$20.00	\$2,702.06	\$1,082.47	\$1,619.59	\$1,457.24	\$1,082.47
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$866.95	\$142.35	\$20.00	\$1,029.30	\$413.51	\$615.79	\$453.44	\$413.51
	D60	SELF + 1 DEPENDENT	2	\$1,733.90	\$142.35	\$20.00	\$1,896.25	\$761.75	\$1,134.50	\$972.15	\$761.75
	F60	SELF + DEPENDENTS	3	\$2,254.07	\$142.35	\$20.00	\$2,416.42	\$970.69	\$1,445.73	\$1,283.38	\$970.69
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$511.34	\$142.35	\$20.00	\$673.69	\$270.93	\$402.76	\$240.41	\$270.93
	D60	SELF + 1 DEPENDENT	2	\$1,022.68	\$142.35	\$20.00	\$1,185.03	\$479.51	\$705.52	\$543.17	\$479.51
	F60	SELF + DEPENDENTS	3	\$1,329.48	\$142.35	\$20.00	\$1,491.83	\$604.66	\$887.17	\$724.82	\$604.66
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$1,085.83	\$142.35	\$20.00	\$1,248.18	\$434.80	\$813.38	\$651.03	\$434.80
	D60	SELF + 1 DEPENDENT	2	\$2,171.66	\$142.35	\$20.00	\$2,334.01	\$815.04	\$1,518.97	\$1,356.62	\$815.04
	F60	SELF + DEPENDENTS	3	\$2,823.16	\$142.35	\$20.00	\$2,985.51	\$1,043.18	\$1,942.33	\$1,779.98	\$1,043.18

*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	
									applied to Health 1st		
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$142.35	\$20.00	\$754.58	\$304.10	\$450.48	\$288.13	\$304.10
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$142.35	\$20.00	\$1,346.81	\$558.52	\$788.29	\$625.94	\$558.52
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$142.35	\$20.00	\$1,702.15	\$711.17	\$990.98	\$828.63	\$711.17
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$142.35	\$20.00	\$1,496.73	\$389.68	\$1,107.05	\$944.70	\$389.68
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$142.35	\$20.00	\$2,831.11	\$729.69	\$2,101.42	\$1,939.07	\$729.69
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$142.35	\$20.00	\$3,631.74	\$933.70	\$2,698.04	\$2,535.69	\$933.70
<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	\$349.80	\$ 509.23	\$346.88	\$349.80
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$662.58	\$ 893.13	\$730.78	\$662.58
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$850.25	\$ 1,123.47	\$961.12	\$850.25

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- .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