



**OTHER NORTHERN AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 95% EMPLOYEES WITH 2018 CAPS**

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

0.95

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	\$618.85	\$326.63	\$164.28	\$618.85
	D60	SELF + 1 DEPENDENT	2	\$1,566.26	\$142.35	\$20.00	\$1,728.61	\$1,129.74	\$598.87	\$436.52	\$1,129.74
	F60	SELF + DEPENDENTS	3	\$2,036.14	\$142.35	\$20.00	\$2,198.49	\$1,436.27	\$762.22	\$599.87	\$1,436.27
<b>32 4010 BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	1	\$976.81	\$142.35	\$20.00	\$1,139.16	\$722.93	\$416.23	\$253.88	\$722.93
	D60	SELF + 1 DEPENDENT	2	\$1,953.62	\$142.35	\$20.00	\$2,115.97	\$1,342.29	\$773.68	\$611.33	\$1,342.29
	F60	SELF + DEPENDENTS	3	\$2,539.71	\$142.35	\$20.00	\$2,702.06	\$1,713.90	\$988.16	\$825.81	\$1,713.90
<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	\$654.72	\$374.58	\$212.23	\$654.72
	D60	SELF + 1 DEPENDENT	2	\$1,733.90	\$142.35	\$20.00	\$1,896.25	\$1,206.10	\$690.15	\$527.80	\$1,206.10
	F60	SELF + DEPENDENTS	3	\$2,254.07	\$142.35	\$20.00	\$2,416.42	\$1,536.93	\$879.49	\$717.14	\$1,536.93
<b>42 4050 PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	1	\$511.34	\$142.35	\$20.00	\$673.69	\$428.97	\$244.72	\$82.37	\$428.97
	D60	SELF + 1 DEPENDENT	2	\$1,022.68	\$142.35	\$20.00	\$1,185.03	\$759.23	\$425.80	\$263.45	\$759.23
	F60	SELF + DEPENDENTS	3	\$1,329.48	\$142.35	\$20.00	\$1,491.83	\$957.38	\$534.45	\$372.10	\$957.38
<b>43 4060 PERS CARE PPO 90/10</b>											
CA01	E60	SELF	1	\$1,085.83	\$142.35	\$20.00	\$1,248.18	\$688.43	\$559.75	\$397.40	\$688.43
	D60	SELF + 1 DEPENDENT	2	\$2,171.66	\$142.35	\$20.00	\$2,334.01	\$1,290.48	\$1,043.53	\$881.18	\$1,290.48
	F60	SELF + DEPENDENTS	3	\$2,823.16	\$142.35	\$20.00	\$2,985.51	\$1,651.71	\$1,333.80	\$1,171.45	\$1,651.71

*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	\$481.49	\$273.09	\$110.74	\$481.49
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$142.35	\$20.00	\$1,346.81	\$884.33	\$462.48	\$300.13	\$884.33
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$142.35	\$20.00	\$1,702.15	\$1,126.03	\$576.12	\$413.77	\$1,126.03
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$142.35	\$20.00	\$1,496.73	\$617.00	\$879.73	\$717.38	\$617.00
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$142.35	\$20.00	\$2,831.11	\$1,155.34	\$1,675.77	\$1,513.42	\$1,155.34
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$142.35	\$20.00	\$3,631.74	\$1,478.35	\$2,153.39	\$1,991.04	\$1,478.35
<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	\$553.85	\$ 305.18	\$142.83	\$553.85
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$1,049.09	\$ 506.62	\$344.27	\$1,049.09
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$1,346.23	\$ 627.49	\$465.14	\$1,346.23

*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