



**OTHER NORTHERN AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 90% EMPLOYEES WITH 2018 CAPS**

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

0.9

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>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E60	SELF	1	\$783.13	\$142.35	\$20.00	\$945.48	\$586.28	\$359.20	\$196.85 \$586.28
	D60	SELF + 1 DEPENDENT	2	\$1,566.26	\$142.35	\$20.00	\$1,728.61	\$1,070.28	\$658.33	\$495.98 \$1,070.28
	F60	SELF + DEPENDENTS	3	\$2,036.14	\$142.35	\$20.00	\$2,198.49	\$1,360.67	\$837.82	\$675.47 \$1,360.67
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	1	\$976.81	\$142.35	\$20.00	\$1,139.16	\$684.88	\$454.28	\$291.93 \$684.88
	D60	SELF + 1 DEPENDENT	2	\$1,953.62	\$142.35	\$20.00	\$2,115.97	\$1,271.65	\$844.32	\$681.97 \$1,271.65
	F60	SELF + DEPENDENTS	3	\$2,539.71	\$142.35	\$20.00	\$2,702.06	\$1,623.70	\$1,078.36	\$916.01 \$1,623.70
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E60	SELF	1	\$866.95	\$142.35	\$20.00	\$1,029.30	\$620.26	\$409.04	\$246.69 \$620.26
	D60	SELF + 1 DEPENDENT	2	\$1,733.90	\$142.35	\$20.00	\$1,896.25	\$1,142.62	\$753.63	\$591.28 \$1,142.62
	F60	SELF + DEPENDENTS	3	\$2,254.07	\$142.35	\$20.00	\$2,416.42	\$1,456.04	\$960.38	\$798.03 \$1,456.04
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	1	\$511.34	\$142.35	\$20.00	\$673.69	\$406.40	\$267.29	\$104.94 \$406.40
	D60	SELF + 1 DEPENDENT	2	\$1,022.68	\$142.35	\$20.00	\$1,185.03	\$719.27	\$465.76	\$303.41 \$719.27
	F60	SELF + DEPENDENTS	3	\$1,329.48	\$142.35	\$20.00	\$1,491.83	\$906.99	\$584.84	\$422.49 \$906.99
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	1	\$1,085.83	\$142.35	\$20.00	\$1,248.18	\$652.19	\$595.99	\$433.64 \$652.19
	D60	SELF + 1 DEPENDENT	2	\$2,171.66	\$142.35	\$20.00	\$2,334.01	\$1,222.56	\$1,111.45	\$949.10 \$1,222.56
	F60	SELF + DEPENDENTS	3	\$2,823.16	\$142.35	\$20.00	\$2,985.51	\$1,564.78	\$1,420.73	\$1,258.38 \$1,564.78

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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									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	\$456.15	\$298.43	\$136.08	\$456.15
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$142.35	\$20.00	\$1,346.81	\$837.78	\$509.03	\$346.68	\$837.78
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$142.35	\$20.00	\$1,702.15	\$1,066.76	\$635.39	\$473.04	\$1,066.76
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$142.35	\$20.00	\$1,496.73	\$584.52	\$912.21	\$749.86	\$584.52
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$142.35	\$20.00	\$2,831.11	\$1,094.54	\$1,736.57	\$1,574.22	\$1,094.54
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$142.35	\$20.00	\$3,631.74	\$1,400.54	\$2,231.20	\$2,068.85	\$1,400.54
<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	\$524.70	\$ 334.33	\$171.98	\$524.70
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$993.87	\$ 561.84	\$399.49	\$993.87
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$1,275.37	\$ 698.35	\$536.00	\$1,275.37

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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