



**OTHER NORTHERN AREA  
2019 MATRIX  
HEALTH AND DENTAL**

Dental Rates eff 9-30-17

**LEA 75% EMPLOYEES WITH 2018 CAPS**

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

0.75

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	\$925.48	\$488.57	\$436.91	\$294.56	\$488.57
	D60	SELF + 1 DEPENDENT	2	\$1,566.26	\$142.35	\$1,708.61	\$891.90	\$816.71	\$674.36	\$891.90
	F60	SELF + DEPENDENTS	3	\$2,036.14	\$142.35	\$2,178.49	\$1,133.90	\$1,044.59	\$902.24	\$1,133.90
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	1	\$976.81	\$142.35	\$1,119.16	\$570.74	\$548.42	\$406.07	\$570.74
	D60	SELF + 1 DEPENDENT	2	\$1,953.62	\$142.35	\$2,095.97	\$1,059.71	\$1,036.26	\$893.91	\$1,059.71
	F60	SELF + DEPENDENTS	3	\$2,539.71	\$142.35	\$2,682.06	\$1,353.08	\$1,328.98	\$1,186.63	\$1,353.08
<b>41 4040</b>										
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>										
CH01	E60	SELF	1	\$866.95	\$142.35	\$1,009.30	\$516.89	\$492.41	\$350.06	\$516.89
	D60	SELF + 1 DEPENDENT	2	\$1,733.90	\$142.35	\$1,876.25	\$952.19	\$924.06	\$781.71	\$952.19
	F60	SELF + DEPENDENTS	3	\$2,254.07	\$142.35	\$2,396.42	\$1,213.37	\$1,183.05	\$1,040.70	\$1,213.37
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	1	\$511.34	\$142.35	\$653.69	\$338.66	\$315.03	\$172.68	\$338.66
	D60	SELF + 1 DEPENDENT	2	\$1,022.68	\$142.35	\$1,165.03	\$599.39	\$565.64	\$423.29	\$599.39
	F60	SELF + DEPENDENTS	3	\$1,329.48	\$142.35	\$1,471.83	\$755.83	\$716.00	\$573.65	\$755.83
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	1	\$1,085.83	\$142.35	\$1,228.18	\$543.50	\$684.68	\$542.33	\$543.50
	D60	SELF + 1 DEPENDENT	2	\$2,171.66	\$142.35	\$2,314.01	\$1,018.80	\$1,295.21	\$1,152.86	\$1,018.80
	F60	SELF + DEPENDENTS	3	\$2,823.16	\$142.35	\$2,965.51	\$1,303.98	\$1,661.53	\$1,519.18	\$1,303.98

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	
										EE Health Cost	ER Health Cost
										applied to Health 1st	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$142.35		\$734.58	\$380.12	\$354.46	\$212.11	\$380.12
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$142.35		\$1,326.81	\$698.15	\$628.66	\$486.31	\$698.15
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$142.35		\$1,682.15	\$888.97	\$793.18	\$650.83	\$888.97
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$142.35		\$1,476.73	\$487.10	\$989.63	\$847.28	\$487.10
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$142.35		\$2,811.11	\$912.11	\$1,899.00	\$1,756.65	\$912.11
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$142.35		\$3,611.74	\$1,167.12	\$2,444.62	\$2,302.27	\$1,167.12
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	N/A	N/A		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	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		\$839.03	\$437.25	\$ 401.78	\$259.43	\$437.25
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35		\$1,535.71	\$828.23	\$ 707.48	\$565.13	\$828.23
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35		\$1,953.72	\$1,062.81	\$ 890.91	\$748.56	\$1,062.81

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- .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