



OTHER NORTHERN AREA

2018 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY Eff 9-30-17	*MANDATORY eff 3-1-15			
	SINGLE	1	\$ 795.43	\$142.37	\$ 25.00	\$ 962.80	\$ -	\$ 962.80
	2-PARTY	2	\$ 1,590.86	\$142.37	\$ 25.00	\$ 1,758.23	\$ -	\$ 1,758.23
	FAMILY	3	\$ 2,068.12	\$142.37	\$ 25.00	\$ 2,235.49	\$ -	\$ 2,235.49
Blue Shield Access+	HMO							
	SINGLE	1	\$ 894.43	\$142.37	\$ 25.00	\$ 1,061.80	\$ -	\$ 1,061.80
	2-PARTY	2	\$ 1,788.86	\$142.37	\$ 25.00	\$ 1,956.23	\$ -	\$ 1,956.23
	FAMILY	3	\$ 2,325.52	\$142.37	\$ 25.00	\$ 2,492.89	\$ -	\$ 2,492.89
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 813.96	\$142.37	\$ 25.00	\$ 981.33	\$ -	\$ 981.33
	2-PARTY	2	\$ 1,627.92	\$142.37	\$ 25.00	\$ 1,795.29	\$ -	\$ 1,795.29
	FAMILY	3	\$ 2,116.30	\$142.37	\$ 25.00	\$ 2,283.67	\$ -	\$ 2,283.67
PERS Select	PPO 80/20							
	SINGLE	1	\$ 691.78	\$142.37	\$ 25.00	\$ 859.15	\$ -	\$ 859.15
	2-PARTY	2	\$ 1,383.56	\$142.37	\$ 25.00	\$ 1,550.93	\$ -	\$ 1,550.93
	FAMILY	3	\$ 1,798.63	\$142.37	\$ 25.00	\$ 1,966.00	\$ -	\$ 1,966.00
PERSCare	PPO 90/10							
	SINGLE	1	\$ 866.93	\$142.37	\$ 25.00	\$ 1,034.30	\$ -	\$ 1,034.30
	2-PARTY	2	\$ 1,733.86	\$142.37	\$ 25.00	\$ 1,901.23	\$ -	\$ 1,901.23
	FAMILY	3	\$ 2,254.02	\$142.37	\$ 25.00	\$ 2,421.39	\$ -	\$ 2,421.39

* District Cap is included on the Salary Schedule.



OTHER NORTHERN AREA 2018 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/13 to 11/30/14; Insurance Effective on 1/1/14

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 910.90	\$142.37	\$ 25.00	\$ 1,078.27	\$ -	\$ 1,078.27
	D20	SELF + 1 DEPENDENT	2	\$ 1,821.80	\$142.37	\$ 25.00	\$ 1,989.17	\$ -	\$ 1,989.17
	F20	SELF + DEPENDENTS	3	\$ 2,368.34	\$142.37	\$ 25.00	\$ 2,535.71	\$ -	\$ 2,535.71
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 954.75	\$142.37	\$ 25.00	\$ 1,122.12	\$ -	\$ 1,122.12
	D20	SELF + 1 DEPENDENT	2	\$ 1,909.50	\$142.37	\$ 25.00	\$ 2,076.87	\$ -	\$ 2,076.87
	F20	SELF + DEPENDENTS	3	\$ 2,482.35	\$142.37	\$ 25.00	\$ 2,649.72	\$ -	\$ 2,649.72
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 1,205.55	\$142.37	\$ 25.00	\$ 1,372.92	\$ -	\$ 1,372.92
	D20	SELF + 1 DEPENDENT	2	\$ 2,411.10	\$142.37	\$ 25.00	\$ 2,578.47	\$ -	\$ 2,578.47
	F20	SELF + DEPENDENTS	3	\$ 3,134.43	\$142.37	\$ 25.00	\$ 3,301.80	\$ -	\$ 3,301.80
Western Health Advantage HMO PLAN									
		SELF	1	\$ 744.79	\$142.37	\$ 25.00	\$ 912.16	\$ -	\$ 912.16
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$ 25.00	\$ 1,656.95	\$ -	\$ 1,656.95
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$ 25.00	\$ 2,103.82	\$ -	\$ 2,103.82

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.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