



**OTHER NORTHERN
2018 MATRIX**

SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5

									PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				eff 9/30/17	eff 1-1-16		revised CAP 4-30-15			
22 4030										
KAISER HMO										
KP01	E80	SELF	\$795.43	\$140.76	\$25.00	\$961.19	\$333.77	\$627.42	\$461.66	\$333.77
	D80	SELF + 1 DEPENDENT	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$415.00	\$1,341.62	\$1,175.86	\$415.00
	F80	SELF + DEPENDENTS	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$440.50	\$1,793.38	\$1,627.62	\$440.50
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$894.43	\$140.76	\$25.00	\$1,060.19	\$333.01	\$727.18	\$561.42	\$333.01
	D80	SELF + 1 DEPENDENT	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$415.00	\$1,539.62	\$1,373.86	\$415.00
	F80	SELF + DEPENDENTS	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$440.50	\$2,050.78	\$1,885.02	\$440.50
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$813.96	\$140.76	\$25.00	\$979.72	\$327.13	\$652.60	\$486.84	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$415.00	\$1,378.68	\$1,212.92	\$415.00
	F80	SELF + DEPENDENTS	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$440.50	\$1,841.56	\$1,675.80	\$440.50
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$691.78	\$140.76	\$25.00	\$857.54	\$327.13	\$530.42	\$364.66	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$415.00	\$1,134.32	\$968.56	\$415.00
	F80	SELF + DEPENDENTS	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$440.50	\$1,523.89	\$1,358.13	\$440.50
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$866.93	\$140.76	\$25.00	\$1,032.69	\$327.13	\$705.57	\$539.81	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$415.00	\$1,484.62	\$1,318.86	\$415.00
	F80	SELF + DEPENDENTS	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$440.50	\$1,979.28	\$1,813.52	\$440.50

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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				eff 9/30/17	eff 1-1-16		revised CAP 4-30-15				
Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$327.13	\$749.54	\$583.78	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$415.00	\$1,572.56	\$1,406.80	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$440.50	\$2,093.60	\$1,927.84	\$440.50
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$327.13	\$793.39	\$627.63	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$415.00	\$1,660.26	\$1,494.50	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$440.50	\$2,207.61	\$2,041.85	\$440.50
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$327.13	\$1,044.19	\$878.43	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$415.00	\$2,161.86	\$1,996.10	\$415.00
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$440.50	\$2,859.69	\$2,693.93	\$440.50
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$654.25	\$256.30	\$90.54	\$654.25
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$830.00	\$825.34	\$659.58	\$830.00
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$881.00	\$1,221.21	\$1,055.45	\$881.00

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Basic Premium Rates - OTHER NORTHERN CALIFORNIA
 Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama,
 Trinity and Tuolumne