



**OTHER NORTHERN  
2018 MATRIX**

**SUPV 5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.625

									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			
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E80	SELF	\$795.43	\$140.76	\$25.00	\$961.19	\$417.21	\$543.98	\$378.22	\$417.21
	D80	SELF + 1 DEPENDENT	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$518.75	\$1,237.87	\$1,072.11	\$518.75
	F80	SELF + DEPENDENTS	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$496.25	\$1,737.63	\$1,571.87	\$496.25
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	860	SELF	\$894.43	\$140.76	\$25.00	\$1,060.19	\$416.26	\$643.93	\$478.17	\$416.26
	D80	SELF + 1 DEPENDENT	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$518.75	\$1,435.87	\$1,270.11	\$518.75
	F80	SELF + DEPENDENTS	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$496.25	\$1,995.03	\$1,829.27	\$496.25
<b>41 4040</b>										
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>										
CH01	E80	SELF	\$813.96	\$140.76	\$25.00	\$979.72	\$408.91	\$570.81	\$405.05	\$408.91
	D80	SELF + 1 DEPENDENT	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$518.75	\$1,274.93	\$1,109.17	\$518.75
	F80	SELF + DEPENDENTS	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$496.25	\$1,785.81	\$1,620.05	\$496.25
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E80	SELF	\$691.78	\$140.76	\$25.00	\$857.54	\$408.91	\$448.63	\$282.87	\$408.91
	D80	SELF + 1 DEPENDENT	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$518.75	\$1,030.57	\$864.81	\$518.75
	F80	SELF + DEPENDENTS	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$496.25	\$1,468.14	\$1,302.38	\$496.25
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E80	SELF	\$866.93	\$140.76	\$25.00	\$1,032.69	\$408.91	\$623.78	\$458.02	\$408.91
	D80	SELF + 1 DEPENDENT	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$518.75	\$1,380.87	\$1,215.11	\$518.75
	F80	SELF + DEPENDENTS	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$496.25	\$1,923.53	\$1,757.77	\$496.25

*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 <small>eff 9/30/17</small>	VISION <small>eff 1-1-16</small>	BENEFITS TOTAL	DISTRICT CAP <small>revised CAP 4-30-15</small>	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$408.91	\$667.75	\$501.99	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$518.75	\$1,468.81	\$1,303.05	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$496.25	\$2,037.85	\$1,872.09	\$496.25
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$408.91	\$711.60	\$545.84	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$518.75	\$1,556.51	\$1,390.75	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$496.25	\$2,151.86	\$1,986.10	\$496.25
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$408.91	\$962.40	\$796.64	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$518.75	\$2,058.11	\$1,892.35	\$518.75
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$496.25	\$2,803.94	\$2,638.18	\$496.25
<b>Western Health Advantage HMO PLAN</b>											
		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

*rates are subject to change throughout the year*

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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