



**OTHER NORTHERN
2018 MATRIX**

SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.6875

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	\$458.93	\$502.26	\$336.50	\$458.93
	D80	SELF + 1 DEPENDENT	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$570.63	\$1,185.99	\$1,020.23	\$570.63
	F80	SELF + DEPENDENTS	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$605.69	\$1,628.19	\$1,462.43	\$605.69
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$894.43	\$140.76	\$25.00	\$1,060.19	\$449.80	\$610.39	\$444.63	\$449.80
	D80	SELF + 1 DEPENDENT	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$570.63	\$1,383.99	\$1,218.23	\$570.63
	F80	SELF + DEPENDENTS	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$605.69	\$1,885.59	\$1,719.83	\$605.69
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$813.96	\$140.76	\$25.00	\$979.72	\$449.80	\$529.92	\$364.16	\$449.80
	D80	SELF + 1 DEPENDENT	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$570.63	\$1,223.05	\$1,057.29	\$570.63
	F80	SELF + DEPENDENTS	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$605.69	\$1,676.37	\$1,510.61	\$605.69
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$691.78	\$140.76	\$25.00	\$857.54	\$449.80	\$407.74	\$241.98	\$449.80
	D80	SELF + 1 DEPENDENT	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$570.63	\$978.69	\$812.93	\$570.63
	F80	SELF + DEPENDENTS	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$605.69	\$1,358.70	\$1,192.94	\$605.69
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$866.93	\$140.76	\$25.00	\$1,032.69	\$449.80	\$582.89	\$417.13	\$449.80
	D80	SELF + 1 DEPENDENT	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$570.63	\$1,328.99	\$1,163.23	\$570.63
	F80	SELF + DEPENDENTS	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$605.69	\$1,814.09	\$1,648.33	\$605.69

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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2018 MATRIX**

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ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP revised CAP 4-30-15	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$449.80	\$626.86	\$461.10	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$570.63	\$1,416.93	\$1,251.17	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$605.69	\$1,928.41	\$1,762.65	\$605.69
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$449.80	\$670.71	\$504.95	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$570.63	\$1,504.63	\$1,338.87	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$605.69	\$2,042.42	\$1,876.66	\$605.69
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$449.80	\$921.51	\$755.75	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$570.63	\$2,006.23	\$1,840.47	\$570.63
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$605.69	\$2,694.50	\$2,528.74	\$605.69
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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- .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
 Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama,
 Trinity and Tuolumne