



**OTHER NORTHERN
2018 MATRIX**

SUPV 7 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.875

									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	1	\$795.43	\$140.76	\$25.00	\$961.19	\$584.09	\$377.10	\$211.34	\$584.09
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$726.25	\$1,030.37	\$864.61	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$770.88	\$1,463.00	\$1,297.24	\$770.88
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$572.47	\$487.72	\$321.96	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$726.25	\$1,228.37	\$1,062.61	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$770.88	\$1,720.40	\$1,554.64	\$770.88
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$813.96	\$140.76	\$25.00	\$979.72	\$572.47	\$407.25	\$241.49	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$726.25	\$1,067.43	\$901.67	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$770.88	\$1,511.18	\$1,345.42	\$770.88
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$572.47	\$285.07	\$119.31	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$726.25	\$823.07	\$657.31	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$770.88	\$1,193.51	\$1,027.75	\$770.88
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$572.47	\$460.22	\$294.46	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$726.25	\$1,173.37	\$1,007.61	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$770.88	\$1,648.90	\$1,483.14	\$770.88

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	\$572.47	\$504.19	\$338.43	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$726.25	\$1,261.31	\$1,095.55	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$770.88	\$1,763.22	\$1,597.46	\$770.88
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$572.47	\$548.04	\$382.28	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$726.25	\$1,349.01	\$1,183.25	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$770.88	\$1,877.23	\$1,711.47	\$770.88
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$572.47	\$798.84	\$633.08	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$726.25	\$1,850.61	\$1,684.85	\$726.25
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$770.88	\$2,529.31	\$2,363.55	\$770.88
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