



**OTHER NORTHERN
2018 MATRIX**

SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.75

PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									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	\$500.65	\$460.54	\$294.78	\$500.65
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$622.50	\$1,134.12	\$968.36	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$660.75	\$1,573.13	\$1,407.37	\$660.75
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$499.51	\$560.68	\$394.92	\$499.51
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$622.50	\$1,332.12	\$1,166.36	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$660.75	\$1,830.53	\$1,664.77	\$660.75
41 4040											
Athem Blue Cross- PERS CHOICE		PPO 80/20									
CH01	E80	SELF	1	\$813.96	\$140.76	\$25.00	\$979.72	\$490.69	\$489.03	\$323.27	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$622.50	\$1,171.18	\$1,005.42	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$660.75	\$1,621.31	\$1,455.55	\$660.75
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$490.69	\$366.85	\$201.09	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$622.50	\$926.82	\$761.06	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$660.75	\$1,303.64	\$1,137.88	\$660.75
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$490.69	\$542.00	\$376.24	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$622.50	\$1,277.12	\$1,111.36	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$660.75	\$1,759.03	\$1,593.27	\$660.75

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**



**OTHER NORTHERN
2018 MATRIX**

SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

PAYROLL USE
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	\$490.69	\$585.97	\$420.21	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$622.50	\$1,365.06	\$1,199.30	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$660.75	\$1,873.35	\$1,707.59	\$660.75
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$490.69	\$629.82	\$464.06	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$622.50	\$1,452.76	\$1,287.00	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$660.75	\$1,987.36	\$1,821.60	\$660.75
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$490.69	\$880.62	\$714.86	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$622.50	\$1,954.36	\$1,788.60	\$622.50
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$660.75	\$2,639.44	\$2,473.68	\$660.75
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	

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**

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