



**OTHER NORTHERN  
2018 MATRIX**

**SUPV 7.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.9375

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						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$795.43	\$140.76	\$25.00	\$961.19	\$625.81	\$335.38	\$169.62	\$625.81
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$778.13	\$978.49	\$812.73	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$825.94	\$1,407.94	\$1,242.18	\$825.94
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$624.38	\$435.81	\$270.05	\$624.38
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$778.13	\$1,176.49	\$1,010.73	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$825.94	\$1,665.34	\$1,499.58	\$825.94
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>											
CH01	E80	SELF	1	\$813.96	\$140.76	\$25.00	\$979.72	\$613.36	\$366.36	\$200.60	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$778.13	\$1,015.55	\$849.79	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$825.94	\$1,456.12	\$1,290.36	\$825.94
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$613.36	\$244.18	\$78.42	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$778.13	\$771.19	\$605.43	\$778.13
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$825.94	\$1,138.45	\$972.69	\$825.94
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$613.36	\$419.33	\$253.57	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$778.13	\$1,121.49	\$955.73	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$825.94	\$1,593.84	\$1,428.08	\$825.94

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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
				eff 9/30/17	eff 1-1-16	revised CAP 4-30-15					
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$613.36	\$463.30	\$297.54	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$778.13	\$1,209.43	\$1,043.67	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$825.94	\$1,708.16	\$1,542.40	\$825.94
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$613.36	\$507.15	\$341.39	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$778.13	\$1,297.13	\$1,131.37	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$825.94	\$1,822.17	\$1,656.41	\$825.94
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$613.36	\$757.95	\$592.19	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$778.13	\$1,798.73	\$1,632.97	\$778.13
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$825.94	\$2,474.25	\$2,308.49	\$825.94
<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

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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