



**OTHER NORTHERN
2018 MATRIX**

SUPV 8 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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
				*MANDATORY eff 9/30/17	*MANDATORY 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	\$667.53	\$293.66	\$127.90	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$830.00	\$926.62	\$760.86	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$881.00	\$1,352.88	\$1,187.12	\$881.00
32 4010	BLUE SHIELD ACCESS	HMO									
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$666.01	\$394.18	\$228.42	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$830.00	\$1,124.62	\$958.86	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$881.00	\$1,610.28	\$1,444.52	\$881.00
41 4040	Athem Blue Cross-PERS CHOICE	PPO 80/20									
CH01	E80	SELF	1	\$813.96	\$140.76	\$25.00	\$979.72	\$654.25	\$325.47	\$159.71	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$830.00	\$963.68	\$797.92	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$881.00	\$1,401.06	\$1,235.30	\$881.00
42 4050	PERS SELECT	PPO 80/20									
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$654.25	\$203.29	\$37.53	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$830.00	\$719.32	\$553.56	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$881.00	\$1,083.39	\$917.63	\$881.00
43 4060	PERS CARE	PPO 90/10									
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$654.25	\$378.44	\$212.68	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$830.00	\$1,069.62	\$903.86	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$881.00	\$1,538.78	\$1,373.02	\$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**



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Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$654.25	\$422.41	\$256.65	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$830.00	\$1,157.56	\$991.80	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$881.00	\$1,653.10	\$1,487.34	\$881.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$654.25	\$466.26	\$300.50	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$830.00	\$1,245.26	\$1,079.50	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$881.00	\$1,767.11	\$1,601.35	\$881.00
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$654.25	\$717.06	\$551.30	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$830.00	\$1,746.86	\$1,581.10	\$830.00
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$881.00	\$2,419.19	\$2,253.43	\$881.00
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