



**OTHER NORTHERN  
2018 MATRIX**

**SUPV 6.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.8125

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				
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$795.43	\$140.76	\$25.00	\$961.19	\$542.37	\$418.82	\$253.06	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$674.38	\$1,082.24	\$916.48	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$715.81	\$1,518.07	\$1,352.31	\$715.81
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$541.13	\$519.06	\$353.30	\$541.13
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$674.38	\$1,280.24	\$1,114.48	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$715.81	\$1,775.47	\$1,609.71	\$715.81
<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	\$531.58	\$448.14	\$282.38	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$674.38	\$1,119.30	\$953.54	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$715.81	\$1,566.25	\$1,400.49	\$715.81
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$531.58	\$325.96	\$160.20	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$674.38	\$874.94	\$709.18	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$715.81	\$1,248.58	\$1,082.82	\$715.81
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$531.58	\$501.11	\$335.35	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$674.38	\$1,225.24	\$1,059.48	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$715.81	\$1,703.97	\$1,538.21	\$715.81

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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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	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$140.76	\$25.00	\$1,076.66	\$531.58	\$545.08	\$379.32	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$140.76	\$25.00	\$1,987.56	\$674.38	\$1,313.18	\$1,147.42	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$140.76	\$25.00	\$2,534.10	\$715.81	\$1,818.29	\$1,652.53	\$715.81
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$140.76	\$25.00	\$1,120.51	\$531.58	\$588.93	\$423.17	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$140.76	\$25.00	\$2,075.26	\$674.38	\$1,400.88	\$1,235.12	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$140.76	\$25.00	\$2,648.11	\$715.81	\$1,932.30	\$1,766.54	\$715.81
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$140.76	\$25.00	\$1,371.31	\$531.58	\$839.73	\$673.97	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$140.76	\$25.00	\$2,576.86	\$674.38	\$1,902.48	\$1,736.72	\$674.38
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$140.76	\$25.00	\$3,300.19	\$715.81	\$2,584.38	\$2,418.62	\$715.81
<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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- 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