



**OTHER NORTHERN
2018 MATRIX**

.8250-.8749

LPPA 85% EMPLOYEES WITH 2016 CAPS

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

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 9-1-15						
22 4030											
KAISER		HMO									
KP01	E70	SELF	1	\$795.43	\$145.66	\$25.00	\$966.09	\$656.24	\$309.85	\$139.19	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$656.24	\$1,105.28	\$934.62	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$656.24	\$1,582.54	\$1,411.88	\$656.24
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$894.43	\$145.66	\$25.00	\$1,065.09	\$656.24	\$408.85	\$238.19	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$656.24	\$1,303.28	\$1,132.62	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$656.24	\$1,839.94	\$1,669.28	\$656.24
41 4040											
Athem Blue Cross-CHOICE		PERS									
		PPO 80//20									
CH01	E70	SELF	1	\$813.96	\$145.66	\$25.00	\$984.62	\$656.24	\$328.38	\$157.72	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$656.24	\$1,142.34	\$971.68	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$656.24	\$1,630.72	\$1,460.06	\$656.24
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$691.78	\$145.66	\$25.00	\$862.44	\$656.24	\$206.20	\$35.54	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$656.24	\$897.98	\$727.32	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$656.24	\$1,313.05	\$1,142.39	\$656.24
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$866.93	\$145.66	\$25.00	\$1,037.59	\$656.24	\$381.35	\$210.69	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$656.24	\$1,248.28	\$1,077.62	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$656.24	\$1,768.44	\$1,597.78	\$656.24

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

LPPA 85% EMPLOYEES WITH 2016 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	ER	
				eff 9/30/17	eff 9-1-15				Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$145.66	\$25.00	\$1,081.56	\$656.24	\$425.32	\$254.66	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$656.24	\$1,336.22	\$1,165.56	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$656.24	\$1,882.76	\$1,712.10	\$656.24
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$656.24	\$469.17	\$298.51	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$656.24	\$1,423.92	\$1,253.26	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$656.24	\$1,996.77	\$1,826.11	\$656.24
United HealthCare											
HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$656.24	\$719.97	\$549.31	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$656.24	\$1,925.52	\$1,754.86	\$656.24
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$656.24	\$2,648.85	\$2,478.19	\$656.24
Western Health Advantage											
HMO PLAN											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$656.24	\$259.21	\$88.55	\$656.24
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$656.24	\$1,004.00	\$833.34	\$656.24
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$656.24	\$1,450.87	\$1,280.21	\$656.24

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Basic Premium Rates - OTHER NORTHERN CALIFORNIA

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity and Tuolumne