



**OTHER NORTHERN  
2018 MATRIX**

.8750-.9249

**LPPA 90% 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 Health Cost	ER Health Cost	
				eff 9/30/17	eff 9-1-15						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$795.43	\$145.66	\$25.00	\$966.09	\$694.85	\$271.24	\$100.58	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$694.85	\$1,066.67	\$896.01	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$694.85	\$1,543.93	\$1,373.27	\$694.85
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$894.43	\$145.66	\$25.00	\$1,065.09	\$694.85	\$370.24	\$199.58	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$694.85	\$1,264.67	\$1,094.01	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$694.85	\$1,801.33	\$1,630.67	\$694.85
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E70	SELF	1	\$813.96	\$145.66	\$25.00	\$984.62	\$694.85	\$289.77	\$119.11	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$694.85	\$1,103.73	\$933.07	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$694.85	\$1,592.11	\$1,421.45	\$694.85
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$691.78	\$145.66	\$25.00	\$862.44	\$694.85	\$167.59	\$0.00	\$691.78
	D70	SELF + 1 DEPENDENT	2	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$694.85	\$859.37	\$688.71	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$694.85	\$1,274.44	\$1,103.78	\$694.85
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$866.93	\$145.66	\$25.00	\$1,037.59	\$694.85	\$342.74	\$172.08	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$694.85	\$1,209.67	\$1,039.01	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$694.85	\$1,729.83	\$1,559.17	\$694.85

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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<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$910.90	\$145.66	\$25.00	\$1,081.56	\$694.85	\$386.71	\$216.05	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$694.85	\$1,297.61	\$1,126.95	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$694.85	\$1,844.15	\$1,673.49	\$694.85
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$694.85	\$430.56	\$259.90	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$694.85	\$1,385.31	\$1,214.65	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$694.85	\$1,958.16	\$1,787.50	\$694.85
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$694.85	\$681.36	\$510.70	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$694.85	\$1,886.91	\$1,716.25	\$694.85
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$694.85	\$2,610.24	\$2,439.58	\$694.85
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$694.85	\$220.60	\$49.94	\$694.85
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$694.85	\$965.39	\$794.73	\$694.85
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$694.85	\$1,412.26	\$1,241.60	\$694.85

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
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