



**OTHER NORTHERN
2018 MATRIX**

.9250-.9749

LPPA 95% EMPLOYEES WITH 2016 CAPS

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

									PAYROLL USE ONLY	
									EE	ER
									EE Health Cost	ER Health cost
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH		
				eff 9/30/17	eff 9-1-15					
22 4030										
KAISER HMO										
KP01	E70	SELF	\$795.43	\$145.66	\$25.00	\$966.09	\$733.45	\$232.64	\$61.98	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$733.45	\$1,028.07	\$857.41	\$733.45
	F70	SELF + DEPENDENTS	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$733.45	\$1,505.33	\$1,334.67	\$733.45
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$894.43	\$145.66	\$25.00	\$1,065.09	\$733.45	\$331.64	\$160.98	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$733.45	\$1,226.07	\$1,055.41	\$733.45
	F70	SELF + DEPENDENTS	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$733.45	\$1,762.73	\$1,592.07	\$733.45
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$813.96	\$145.66	\$25.00	\$984.62	\$733.45	\$251.17	\$80.51	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$733.45	\$1,065.13	\$894.47	\$733.45
	F70	SELF + DEPENDENTS	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$733.45	\$1,553.51	\$1,382.85	\$733.45
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$691.78	\$145.66	\$25.00	\$862.44	\$733.45	\$128.99	\$0.00	\$691.78
	D70	SELF + 1 DEPENDENT	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$733.45	\$820.77	\$650.11	\$733.45
	F70	SELF + DEPENDENTS	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$733.45	\$1,235.84	\$1,065.18	\$733.45
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$866.93	\$145.66	\$25.00	\$1,037.59	\$733.45	\$304.14	\$133.48	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$733.45	\$1,171.07	\$1,000.41	\$733.45
	F70	SELF + DEPENDENTS	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$733.45	\$1,691.23	\$1,520.57	\$733.45

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	
				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	\$733.45	\$348.11	\$177.45	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$733.45	\$1,259.01	\$1,088.35	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$733.45	\$1,805.55	\$1,634.89	\$733.45
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$733.45	\$391.96	\$221.30	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$733.45	\$1,346.71	\$1,176.05	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$733.45	\$1,919.56	\$1,748.90	\$733.45
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$733.45	\$642.76	\$472.10	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$733.45	\$1,848.31	\$1,677.65	\$733.45
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$733.45	\$2,571.64	\$2,400.98	\$733.45
Western Health Advantage HMO PLAN											
	SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$733.45	\$182.00	\$11.34	\$733.45	
	SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$733.45	\$926.79	\$756.13	\$733.45	
	SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$733.45	\$1,373.66	\$1,203.00	\$733.45	

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