



**OTHER NORTHERN
2018 MATRIX**

.7750-.8249

LPPA 80% 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						
22 4030											
KAISER		HMO									
KP01	E70	SELF	1	\$795.43	\$145.66	\$25.00	\$966.09	\$617.64	\$348.45	\$177.79	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$617.64	\$1,143.88	\$973.22	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$617.64	\$1,621.14	\$1,450.48	\$617.64
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$894.43	\$145.66	\$25.00	\$1,065.09	\$617.64	\$447.45	\$276.79	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$617.64	\$1,341.88	\$1,171.22	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$617.64	\$1,878.54	\$1,707.88	\$617.64
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E70	SELF	1	\$813.96	\$145.66	\$25.00	\$984.62	\$617.64	\$366.98	\$196.32	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$617.64	\$1,180.94	\$1,010.28	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$617.64	\$1,669.32	\$1,498.66	\$617.64
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$691.78	\$145.66	\$25.00	\$862.44	\$617.64	\$244.80	\$74.14	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$617.64	\$936.58	\$765.92	\$617.64
	F70	SELF + DEPENDENTS	3	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$617.64	\$1,351.65	\$1,180.99	\$617.64
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$866.93	\$145.66	\$25.00	\$1,037.59	\$617.64	\$419.95	\$249.29	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$617.64	\$1,286.88	\$1,116.22	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$617.64	\$1,807.04	\$1,636.38	\$617.64

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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				eff 9/30/17	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$910.90	\$145.66	\$25.00	\$1,081.56	\$617.64	\$463.92	\$293.26	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$617.64	\$1,374.82	\$1,204.16	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$617.64	\$1,921.36	\$1,750.70	\$617.64
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$617.64	\$507.77	\$337.11	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$617.64	\$1,462.52	\$1,291.86	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$617.64	\$2,035.37	\$1,864.71	\$617.64
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$617.64	\$758.57	\$587.91	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$617.64	\$1,964.12	\$1,793.46	\$617.64
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$617.64	\$2,687.45	\$2,516.79	\$617.64
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$617.64	\$297.81	\$127.15	\$617.64
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$617.64	\$1,042.60	\$871.94	\$617.64
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$617.64	\$1,489.47	\$1,318.81	\$617.64

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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