

**OTHER NORTHERN
2018 MATRIX**

.5750-.6249



LPPA 60% 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	\$795.43	\$145.66	\$25.00	\$966.09	\$463.23	\$502.86	\$332.20	\$463.23
	D70	SELF + 1 DEPENDENT	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$463.23	\$1,298.29	\$1,127.63	\$463.23
	F70	SELF + DEPENDENTS	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$463.23	\$1,775.55	\$1,604.89	\$463.23
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$894.43	\$145.66	\$25.00	\$1,065.09	\$463.23	\$601.86	\$431.20	\$463.23
	D70	SELF + 1 DEPENDENT	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$463.23	\$1,496.29	\$1,325.63	\$463.23
	F70	SELF + DEPENDENTS	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$463.23	\$2,032.95	\$1,862.29	\$463.23
41 4040										
Athem Blue Cross- PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$813.96	\$145.66	\$25.00	\$984.62	\$463.23	\$521.39	\$350.73	\$463.23
	D70	SELF + 1 DEPENDENT	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$463.23	\$1,335.35	\$1,164.69	\$463.23
	F70	SELF + DEPENDENTS	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$463.23	\$1,823.73	\$1,653.07	\$463.23
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$691.78	\$145.66	\$25.00	\$862.44	\$463.23	\$399.21	\$228.55	\$463.23
	D70	SELF + 1 DEPENDENT	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$463.23	\$1,090.99	\$920.33	\$463.23
	F70	SELF + DEPENDENTS	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$463.23	\$1,506.06	\$1,335.40	\$463.23
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$866.93	\$145.66	\$25.00	\$1,037.59	\$463.23	\$574.36	\$403.70	\$463.23
	D70	SELF + 1 DEPENDENT	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$463.23	\$1,441.29	\$1,270.63	\$463.23
	F70	SELF + DEPENDENTS	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$463.23	\$1,961.45	\$1,790.79	\$463.23

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	\$463.23	\$618.33	\$447.67	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$463.23	\$1,529.23	\$1,358.57	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$463.23	\$2,075.77	\$1,905.11	\$463.23
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$463.23	\$662.18	\$491.52	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$463.23	\$1,616.93	\$1,446.27	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$463.23	\$2,189.78	\$2,019.12	\$463.23
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$463.23	\$912.98	\$742.32	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$463.23	\$2,118.53	\$1,947.87	\$463.23
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$463.23	\$2,841.86	\$2,671.20	\$463.23
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$463.23	\$452.22	\$281.56	\$463.23
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$463.23	\$1,197.01	\$1,026.35	\$463.23
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$463.23	\$1,643.88	\$1,473.22	\$463.23

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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