



**OTHER NORTHERN
2018 MATRIX**

.50-.5249

LPPA 50% 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	\$386.03	\$580.06	\$409.40	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$386.03	\$1,375.49	\$1,204.83	\$386.03
	F70	SELF + DEPENDENTS	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$386.03	\$1,852.75	\$1,682.09	\$386.03
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$894.43	\$145.66	\$25.00	\$1,065.09	\$386.03	\$679.06	\$508.40	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$386.03	\$1,573.49	\$1,402.83	\$386.03
	F70	SELF + DEPENDENTS	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$386.03	\$2,110.15	\$1,939.49	\$386.03
41 4040										
Athem Blue Cross- PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$813.96	\$145.66	\$25.00	\$984.62	\$386.03	\$598.59	\$427.93	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$386.03	\$1,412.55	\$1,241.89	\$386.03
	F70	SELF + DEPENDENTS	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$386.03	\$1,900.93	\$1,730.27	\$386.03
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$691.78	\$145.66	\$25.00	\$862.44	\$386.03	\$476.41	\$305.75	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$386.03	\$1,168.19	\$997.53	\$386.03
	F70	SELF + DEPENDENTS	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$386.03	\$1,583.26	\$1,412.60	\$386.03
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$866.93	\$145.66	\$25.00	\$1,037.59	\$386.03	\$651.56	\$480.90	\$386.03
	D70	SELF + 1 DEPENDENT	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$386.03	\$1,518.49	\$1,347.83	\$386.03
	F70	SELF + DEPENDENTS	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$386.03	\$2,038.65	\$1,867.99	\$386.03

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	\$386.03	\$695.53	\$524.87	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00	\$1,992.46	\$386.03	\$1,606.43	\$1,435.77	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$386.03	\$2,152.97	\$1,982.31	\$386.03
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$386.03	\$739.38	\$568.72	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$386.03	\$1,694.13	\$1,523.47	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$386.03	\$2,266.98	\$2,096.32	\$386.03
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$386.03	\$990.18	\$819.52	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$386.03	\$2,195.73	\$2,025.07	\$386.03
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$386.03	\$2,919.06	\$2,748.40	\$386.03
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$145.66	\$25.00	\$915.45	\$386.03	\$529.42	\$358.76	\$386.03
		SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$386.03	\$1,274.21	\$1,103.55	\$386.03
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$386.03	\$1,721.08	\$1,550.42	\$386.03

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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