



OTHER NORTHERN AREA

2018 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP *	EMPLOYEE COST PER MONTH
			*MANDATORY		*MANDATORY			
			Eff 9-30-17					
KAISER	HMO							
	SINGLE	1	\$ 795.43	\$140.76	\$ 20.00	\$ 956.19	\$ -	\$ 956.19
	2-PARTY	2	\$ 1,590.86	\$140.76	\$ 20.00	\$ 1,751.62	\$ -	\$ 1,751.62
	FAMILY	3	\$ 2,068.12	\$140.76	\$ 20.00	\$ 2,228.88	\$ -	\$ 2,228.88
Blue Shield Access+	HMO							
	SINGLE	1	\$ 894.43	\$140.76	\$ 20.00	\$ 1,055.19	\$ -	\$ 1,055.19
	2-PARTY	2	\$ 1,788.86	\$140.76	\$ 20.00	\$ 1,949.62	\$ -	\$ 1,949.62
	FAMILY	3	\$ 2,325.52	\$140.76	\$ 20.00	\$ 2,486.28	\$ -	\$ 2,486.28
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 813.96	\$140.76	\$ 20.00	\$ 974.72	\$ -	\$ 974.72
	2-PARTY	2	\$ 1,627.92	\$140.76	\$ 20.00	\$ 1,788.68	\$ -	\$ 1,788.68
	FAMILY	3	\$ 2,116.30	\$140.76	\$ 20.00	\$ 2,277.06	\$ -	\$ 2,277.06
PERS Select	PPO 80/20							
	SINGLE	1	\$ 691.78	\$140.76	\$ 20.00	\$ 852.54	\$ -	\$ 852.54
	2-PARTY	2	\$ 1,383.56	\$140.76	\$ 20.00	\$ 1,544.32	\$ -	\$ 1,544.32
	FAMILY	3	\$ 1,798.63	\$140.76	\$ 20.00	\$ 1,959.39	\$ -	\$ 1,959.39
PERSCare	PPO 90/10							
	SINGLE	1	\$ 866.93	\$140.76	\$ 20.00	\$ 1,027.69	\$ -	\$ 1,027.69
	2-PARTY	2	\$ 1,733.86	\$140.76	\$ 20.00	\$ 1,894.62	\$ -	\$ 1,894.62
	FAMILY	3	\$ 2,254.02	\$140.76	\$ 20.00	\$ 2,414.78	\$ -	\$ 2,414.78



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 910.90	\$ 140.76	\$ 20.00	\$ 1,071.66	\$ -	\$ 1,071.66
	D20	SELF + 1 DEPENDENT	2	\$ 1,821.80	\$ 140.76	\$ 20.00	\$ 1,982.56	\$ -	\$ 1,982.56
	F20	SELF + DEPENDENTS	3	\$ 2,368.34	\$ 140.76	\$ 20.00	\$ 2,529.10	\$ -	\$ 2,529.10
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 954.75	\$ 140.76	\$ 20.00	\$ 1,115.51	\$ -	\$ 1,115.51
	D20	SELF + 1 DEPENDENT	2	\$ 1,909.50	\$ 140.76	\$ 20.00	\$ 2,070.26	\$ -	\$ 2,070.26
	F20	SELF + DEPENDENTS	3	\$ 2,482.35	\$ 140.76	\$ 20.00	\$ 2,643.11	\$ -	\$ 2,643.11
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 1,205.55	\$ 140.76	\$ 20.00	\$ 1,366.31	\$ -	\$ 1,366.31
	D20	SELF + 1 DEPENDENT	2	\$ 2,411.10	\$ 140.76	\$ 20.00	\$ 2,571.86	\$ -	\$ 2,571.86
	F20	SELF + DEPENDENTS	3	\$ 3,134.43	\$ 140.76	\$ 20.00	\$ 3,295.19	\$ -	\$ 3,295.19
Western Health Advantage HMO PLAN									
		SELF	1	\$ 744.79	\$ 140.76	\$ 20.00	\$ 905.55	\$ -	\$ 905.55
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$ 140.76	\$ 20.00	\$ 1,650.34	\$ -	\$ 1,650.34
		SELF + DEPENDENTS	3	\$ 1,936.45	\$ 140.76	\$ 20.00	\$ 2,097.21	\$ -	\$ 2,097.21

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

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information