



OTHER NORTHERN AREA

2019 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY Eff 9-30-17	*MANDATORY eff 3-1-15			
	SINGLE	1	\$ 783.13	\$142.35	\$ 25.00	\$ 950.48	\$ -	\$ 950.48
	2-PARTY	2	\$ 1,566.26	\$142.35	\$ 25.00	\$ 1,733.61	\$ -	\$ 1,733.61
	FAMILY	3	\$ 2,036.14	\$142.35	\$ 25.00	\$ 2,203.49	\$ -	\$ 2,203.49
Blue Shield Access+	HMO							
	SINGLE	1	\$ 976.81	\$142.35	\$ 25.00	\$ 1,144.16	\$ -	\$ 1,144.16
	2-PARTY	2	\$ 1,953.62	\$142.35	\$ 25.00	\$ 2,120.97	\$ -	\$ 2,120.97
	FAMILY	3	\$ 2,539.71	\$142.35	\$ 25.00	\$ 2,707.06	\$ -	\$ 2,707.06
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 866.95	\$142.35	\$ 25.00	\$ 1,034.30	\$ -	\$ 1,034.30
	2-PARTY	2	\$ 1,733.90	\$142.35	\$ 25.00	\$ 1,901.25	\$ -	\$ 1,901.25
	FAMILY	3	\$ 2,254.07	\$142.35	\$ 25.00	\$ 2,421.42	\$ -	\$ 2,421.42
PERS Select	PPO 80/20							
	SINGLE	1	\$ 511.34	\$142.35	\$ 25.00	\$ 678.69	\$ -	\$ 678.69
	2-PARTY	2	\$ 1,022.68	\$142.35	\$ 25.00	\$ 1,190.03	\$ -	\$ 1,190.03
	FAMILY	3	\$ 1,329.48	\$142.35	\$ 25.00	\$ 1,496.83	\$ -	\$ 1,496.83
PERSCare	PPO 90/10							
	SINGLE	1	\$ 1,085.83	\$142.35	\$ 25.00	\$ 1,253.18	\$ -	\$ 1,253.18
	2-PARTY	2	\$ 2,171.66	\$142.35	\$ 25.00	\$ 2,339.01	\$ -	\$ 2,339.01
	FAMILY	3	\$ 2,823.16	\$142.35	\$ 25.00	\$ 2,990.51	\$ -	\$ 2,990.51

* District Cap is included on the Salary Schedule.



OTHER NORTHERN AREA 2019 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/13 to 11/30/14; Insurance Effective on 1/1/14

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 592.23	\$142.35	\$ 25.00	\$ 759.58	\$ -	\$ 759.58
	D20	SELF + 1 DEPENDENT	2	\$ 1,184.46	\$142.35	\$ 25.00	\$ 1,351.81	\$ -	\$ 1,351.81
	F20	SELF + DEPENDENTS	3	\$ 1,539.80	\$142.35	\$ 25.00	\$ 1,707.15	\$ -	\$ 1,707.15
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 1,334.38	\$142.35	\$ 25.00	\$ 1,501.73	\$ -	\$ 1,501.73
	D20	SELF + 1 DEPENDENT	2	\$ 2,668.76	\$142.35	\$ 25.00	\$ 2,836.11	\$ -	\$ 2,836.11
	F20	SELF + DEPENDENTS	3	\$ 3,469.39	\$142.35	\$ 25.00	\$ 3,636.74	\$ -	\$ 3,636.74
United HealthCare									
HMO PLAN									
UN01	E20	SELF	1	N/A	N/A	N/A	\$ -	\$ -	\$ -
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$ -	\$ -	\$ -
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$ -	\$ -	\$ -
HMO PLAN									
Western Health Advantage									
		SELF	1	\$ 696.68	\$142.35	\$ 25.00	\$ 864.03	\$ -	\$ 864.03
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$ 25.00	\$ 1,560.71	\$ -	\$ 1,560.71
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$ 25.00	\$ 1,978.72	\$ -	\$ 1,978.72

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.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