



**OTHER NORTHERN  
2019 MATRIX**

**SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.75

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 1-1-16		revised CAP 4-30-15				
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$783.13	\$140.77	\$25.00	\$948.90	\$500.65	\$448.25	\$282.48	\$500.65
	D80	SELF + 1 DEPENDENT	2	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$622.50	\$1,109.53	\$943.76	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$660.75	\$1,541.16	\$1,375.39	\$660.75
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$976.81	\$140.77	\$25.00	\$1,142.58	\$499.51	\$643.07	\$477.30	\$499.51
	D80	SELF + 1 DEPENDENT	2	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$622.50	\$1,496.89	\$1,331.12	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$660.75	\$2,044.73	\$1,878.96	\$660.75
<b>41 4040</b>											
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>											
CH01	E80	SELF	1	\$866.95	\$140.77	\$25.00	\$1,032.72	\$490.69	\$542.03	\$376.26	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$622.50	\$1,277.17	\$1,111.40	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$660.75	\$1,759.09	\$1,593.32	\$660.75
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$511.34	\$140.77	\$25.00	\$677.11	\$490.69	\$186.42	\$20.65	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$622.50	\$565.95	\$400.18	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$660.75	\$834.50	\$668.73	\$660.75
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$490.69	\$760.91	\$595.14	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$622.50	\$1,714.93	\$1,549.16	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$660.75	\$2,328.18	\$2,162.41	\$660.75

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\*\*



## OTHER NORTHERN 2019 MATRIX

SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

									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 1-1-16						revised CAP 4-30-15
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$592.23	\$140.77	\$25.00	\$758.00	\$490.69	\$267.31	\$101.54	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$622.50	\$727.73	\$561.96	\$622.50
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$660.75	\$1,044.82	\$879.05	\$660.75
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$490.69	\$1,009.46	\$843.69	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$622.50	\$2,212.03	\$2,046.26	\$622.50
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$660.75	\$2,974.41	\$2,808.64	\$660.75
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$696.68	\$140.77	\$25.00	\$862.45	\$490.69	\$371.76	\$205.99	\$490.69
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$622.50	\$936.63	\$770.86	\$622.50
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$660.75	\$1,316.39	\$1,150.62	\$660.75

*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**  
 Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama,  
 Trinity and Tuolumne