



**OTHER NORTHERN
2019 MATRIX**

SUPV 6.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.8125

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			
22 4030											
KAISER		HMO									
KP01	E80	SELF	1	\$783.13	\$140.77	\$25.00	\$948.90	\$542.37	\$406.53	\$240.76	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$674.38	\$1,057.65	\$891.88	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$715.81	\$1,486.10	\$1,320.33	\$715.81
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$976.81	\$140.77	\$25.00	\$1,142.58	\$541.13	\$601.45	\$435.68	\$541.13
	D80	SELF + 1 DEPENDENT	2	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$674.38	\$1,445.01	\$1,279.24	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$715.81	\$1,989.67	\$1,823.90	\$715.81
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E80	SELF	1	\$866.95	\$140.77	\$25.00	\$1,032.72	\$531.58	\$501.14	\$335.37	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$674.38	\$1,225.29	\$1,059.52	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$715.81	\$1,704.03	\$1,538.26	\$715.81
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$511.34	\$140.77	\$25.00	\$677.11	\$531.58	\$145.53	\$0.00	\$511.34
	D80	SELF + 1 DEPENDENT	2	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$674.38	\$514.07	\$348.30	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$715.81	\$779.44	\$613.67	\$715.81
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$531.58	\$720.02	\$554.25	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$674.38	\$1,663.05	\$1,497.28	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$715.81	\$2,273.12	\$2,107.35	\$715.81

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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									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
				eff 9/30/17	eff 1-1-16	revised CAP 4-30-15					
Anthem HMO Select											
AHS1	E20	SELF	1	\$592.23	\$140.77	\$25.00	\$758.00	\$531.58	\$226.42	\$60.65	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$674.38	\$675.85	\$510.08	\$674.38
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$715.81	\$989.76	\$823.99	\$715.81
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$531.58	\$968.57	\$802.80	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$674.38	\$2,160.15	\$1,994.38	\$674.38
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$715.81	\$2,919.35	\$2,753.58	\$715.81
United HealthCare HMO PLAN											
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
Western Health Advantage HMO PLAN											
		SELF	1	\$696.68	\$140.77	\$25.00	\$862.45	\$531.58	\$330.87	\$165.10	\$531.58
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$674.38	\$884.75	\$718.98	\$674.38
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$715.81	\$1,261.33	\$1,095.56	\$715.81

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- .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