



**OTHER NORTHERN
2019 MATRIX**

SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.6875

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 | \$783.13 | \$140.77 | \$25.00 | \$948.90 | \$458.93 | \$489.97 | \$324.20 | \$458.93 |
| | D80 | SELF + 1 DEPENDENT | \$1,566.26 | \$140.77 | \$25.00 | \$1,732.03 | \$570.63 | \$1,161.40 | \$995.63 | \$570.63 |
| | F80 | SELF + DEPENDENTS | \$2,036.14 | \$140.77 | \$25.00 | \$2,201.91 | \$605.69 | \$1,596.22 | \$1,430.45 | \$605.69 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | |
| BA01 | 860 | SELF | \$976.81 | \$140.77 | \$25.00 | \$1,142.58 | \$449.80 | \$692.78 | \$527.01 | \$449.80 |
| | D80 | SELF + 1 DEPENDENT | \$1,953.62 | \$140.77 | \$25.00 | \$2,119.39 | \$570.63 | \$1,548.76 | \$1,382.99 | \$570.63 |
| | F80 | SELF + DEPENDENTS | \$2,539.71 | \$140.77 | \$25.00 | \$2,705.48 | \$605.69 | \$2,099.79 | \$1,934.02 | \$605.69 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross-PERS CHOICE PPO 80/20 | | | | | | | | | | |
| CH01 | E80 | SELF | \$866.95 | \$140.77 | \$25.00 | \$1,032.72 | \$449.80 | \$582.92 | \$417.15 | \$449.80 |
| | D80 | SELF + 1 DEPENDENT | \$1,733.90 | \$140.77 | \$25.00 | \$1,899.67 | \$570.63 | \$1,329.04 | \$1,163.27 | \$570.63 |
| | F80 | SELF + DEPENDENTS | \$2,254.07 | \$140.77 | \$25.00 | \$2,419.84 | \$605.69 | \$1,814.15 | \$1,648.38 | \$605.69 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | |
| SE01 | E80 | SELF | \$511.34 | \$140.77 | \$25.00 | \$677.11 | \$449.80 | \$227.31 | \$61.54 | \$449.80 |
| | D80 | SELF + 1 DEPENDENT | \$1,022.68 | \$140.77 | \$25.00 | \$1,188.45 | \$570.63 | \$617.82 | \$452.05 | \$570.63 |
| | F80 | SELF + DEPENDENTS | \$1,329.48 | \$140.77 | \$25.00 | \$1,495.25 | \$605.69 | \$889.56 | \$723.79 | \$605.69 |
| 43 4060 | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | |
| CA01 | E80 | SELF | \$1,085.83 | \$140.77 | \$25.00 | \$1,251.60 | \$449.80 | \$801.80 | \$636.03 | \$449.80 |
| | D80 | SELF + 1 DEPENDENT | \$2,171.66 | \$140.77 | \$25.00 | \$2,337.43 | \$570.63 | \$1,766.80 | \$1,601.03 | \$570.63 |
| | F80 | SELF + DEPENDENTS | \$2,823.16 | \$140.77 | \$25.00 | \$2,988.93 | \$605.69 | \$2,383.24 | \$2,217.47 | \$605.69 |

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 | \$449.80 | \$308.20 | \$142.43 | \$449.80 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,184.46 | \$140.77 | \$25.00 | \$1,350.23 | \$570.63 | \$779.60 | \$613.83 | \$570.63 |
| | F20 | SELF + DEPENDENTS | 3 | \$1,539.80 | \$140.77 | \$25.00 | \$1,705.57 | \$605.69 | \$1,099.88 | \$934.11 | \$605.69 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,334.38 | \$140.77 | \$25.00 | \$1,500.15 | \$449.80 | \$1,050.35 | \$884.58 | \$449.80 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$2,668.76 | \$140.77 | \$25.00 | \$2,834.53 | \$570.63 | \$2,263.90 | \$2,098.13 | \$570.63 |
| | F20 | SELF + DEPENDENTS | 3 | \$3,469.39 | \$140.77 | \$25.00 | \$3,635.16 | \$605.69 | \$3,029.47 | \$2,863.70 | \$605.69 |
| 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 | \$449.80 | \$412.65 | \$246.88 | \$449.80 |
| | | SELF + 1 DEPENDENT | 2 | \$1,393.36 | \$140.77 | \$25.00 | \$1,559.13 | \$570.63 | \$988.50 | \$822.73 | \$570.63 |
| | | SELF + DEPENDENTS | 3 | \$1,811.37 | \$140.77 | \$25.00 | \$1,977.14 | \$605.69 | \$1,371.45 | \$1,205.68 | \$605.69 |

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Basic Premium Rates - OTHER NORTHERN CALIFORNIA
 Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama,
 Trinity and Tuolumne