



**OTHER NORTHERN
2019 MATRIX**

SUPV 7 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.875

									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	\$584.09	\$364.81	\$199.04	\$584.09
	D80	SELF + 1 DEPENDENT	2	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$726.25	\$1,005.78	\$840.01	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$770.88	\$1,431.03	\$1,265.26	\$770.88
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$976.81	\$140.77	\$25.00	\$1,142.58	\$572.47	\$570.11	\$404.34	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$726.25	\$1,393.14	\$1,227.37	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$770.88	\$1,934.60	\$1,768.83	\$770.88
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E80	SELF	1	\$866.95	\$140.77	\$25.00	\$1,032.72	\$572.47	\$460.25	\$294.48	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$726.25	\$1,173.42	\$1,007.65	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$770.88	\$1,648.96	\$1,483.19	\$770.88
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$511.34	\$140.77	\$25.00	\$677.11	\$572.47	\$104.64	\$0.00	\$511.34
	D80	SELF + 1 DEPENDENT	2	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$726.25	\$462.20	\$296.43	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$770.88	\$724.37	\$558.60	\$770.88
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$572.47	\$679.13	\$513.36	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$726.25	\$1,611.18	\$1,445.41	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$770.88	\$2,218.05	\$2,052.28	\$770.88

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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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	\$572.47	\$185.53	\$19.76	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$726.25	\$623.98	\$458.21	\$726.25
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$770.88	\$934.69	\$768.92	\$770.88
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$572.47	\$927.68	\$761.91	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$726.25	\$2,108.28	\$1,942.51	\$726.25
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$770.88	\$2,864.28	\$2,698.51	\$770.88
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	\$654.25	\$208.20	\$42.43	\$654.25
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$830.00	\$729.13	\$563.36	\$830.00
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$881.00	\$1,096.14	\$930.37	\$881.00

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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