



**OTHER NORTHERN
2019 MATRIX**

SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5

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	\$333.77	\$615.13	\$449.36	\$333.77
	D80	SELF + 1 DEPENDENT	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$415.00	\$1,317.03	\$1,151.26	\$415.00
	F80	SELF + DEPENDENTS	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$440.50	\$1,761.41	\$1,595.64	\$440.50
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$976.81	\$140.77	\$25.00	\$1,142.58	\$333.01	\$809.57	\$643.80	\$333.01
	D80	SELF + 1 DEPENDENT	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$415.00	\$1,704.39	\$1,538.62	\$415.00
	F80	SELF + DEPENDENTS	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$440.50	\$2,264.98	\$2,099.21	\$440.50
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$866.95	\$140.77	\$25.00	\$1,032.72	\$327.13	\$705.60	\$539.83	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$415.00	\$1,484.67	\$1,318.90	\$415.00
	F80	SELF + DEPENDENTS	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$440.50	\$1,979.34	\$1,813.57	\$440.50
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$511.34	\$140.77	\$25.00	\$677.11	\$327.13	\$349.99	\$184.22	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$415.00	\$773.45	\$607.68	\$415.00
	F80	SELF + DEPENDENTS	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$440.50	\$1,054.75	\$888.98	\$440.50
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$327.13	\$924.48	\$758.71	\$327.12
	D80	SELF + 1 DEPENDENT	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$415.00	\$1,922.43	\$1,756.66	\$415.00
	F80	SELF + DEPENDENTS	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$440.50	\$2,548.43	\$2,382.66	\$440.50

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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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	\$327.13	\$430.88	\$265.11	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$415.00	\$935.23	\$769.46	\$415.00
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$440.50	\$1,265.07	\$1,099.30	\$440.50
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$327.13	\$1,173.03	\$1,007.26	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$415.00	\$2,419.53	\$2,253.76	\$415.00
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$440.50	\$3,194.66	\$3,028.89	\$440.50
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	\$327.13	\$535.33	\$369.56	\$327.13	
	SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$415.00	\$1,144.13	\$978.36	\$415.00	
	SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$440.50	\$1,536.64	\$1,370.87	\$440.50	

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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