



**OTHER NORTHERN  
2019 MATRIX**

**SUPV 8 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
				*MANDATORY	*MANDATORY			revised CAP 4-30-15			
				eff 9/30/17	eff 1-1-16						
22 4030											
<b>KAISER</b>		<b>HMO</b>									
KP01	E80	SELF	1	\$783.13	\$140.77	\$25.00	\$948.90	\$667.53	\$281.37	\$115.60	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$830.00	\$902.03	\$736.26	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$881.00	\$1,320.91	\$1,155.14	\$881.00
32 4010											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	860	SELF	1	\$976.81	\$140.77	\$25.00	\$1,142.58	\$666.01	\$476.57	\$310.80	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$830.00	\$1,289.39	\$1,123.62	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$881.00	\$1,824.48	\$1,658.71	\$881.00
41 4040											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E80	SELF	1	\$866.95	\$140.77	\$25.00	\$1,032.72	\$654.25	\$378.47	\$212.70	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$830.00	\$1,069.67	\$903.90	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$881.00	\$1,538.84	\$1,373.07	\$881.00
42 4050											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E80	SELF	1	\$511.34	\$140.77	\$25.00	\$677.11	\$654.25	\$22.86	\$0.00	\$511.34
	D80	SELF + 1 DEPENDENT	2	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$830.00	\$358.45	\$192.68	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$881.00	\$614.25	\$448.48	\$881.00
43 4060											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E80	SELF	1	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$654.25	\$597.35	\$431.58	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$830.00	\$1,507.43	\$1,341.66	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$881.00	\$2,107.93	\$1,942.16	\$881.00

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	
				*MANDATORY eff 9/30/17	*MANDATORY 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	\$654.25	\$103.75	\$0.00	\$592.23
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$830.00	\$520.23	\$354.46	\$830.00
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$881.00	\$824.57	\$658.80	\$881.00
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$654.25	\$845.90	\$680.13	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$830.00	\$2,004.53	\$1,838.76	\$830.00
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$881.00	\$2,754.16	\$2,588.39	\$881.00
<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	\$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