



**OTHER NORTHERN
2019 MATRIX**

SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5625

PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
22 4030											
KAISER											
HMO											
KP01	E80	SELF	1	\$783.13	\$140.77	\$25.00	\$948.90	\$375.49	\$573.41	\$407.64	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,566.26	\$140.77	\$25.00	\$1,732.03	\$466.88	\$1,265.15	\$1,099.38	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,036.14	\$140.77	\$25.00	\$2,201.91	\$495.56	\$1,706.35	\$1,540.58	\$495.56
32 4010											
BLUE SHIELD ACCESS											
HMO											
BA01	860	SELF	1	\$976.81	\$140.77	\$25.00	\$1,142.58	\$374.63	\$767.95	\$602.18	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,953.62	\$140.77	\$25.00	\$2,119.39	\$466.88	\$1,652.51	\$1,486.74	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,539.71	\$140.77	\$25.00	\$2,705.48	\$495.56	\$2,209.92	\$2,044.15	\$495.56
41 4040											
Athem Blue Cross-CHOICE											
PERS											
PPO 80/20											
CH01	E80	SELF	1	\$866.95	\$140.77	\$25.00	\$1,032.72	\$368.02	\$664.70	\$498.93	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,733.90	\$140.77	\$25.00	\$1,899.67	\$466.88	\$1,432.79	\$1,267.02	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,254.07	\$140.77	\$25.00	\$2,419.84	\$495.56	\$1,924.28	\$1,758.51	\$495.56
42 4050											
PERS SELECT											
PPO 80/20											
SE01	E80	SELF	1	\$511.34	\$140.77	\$25.00	\$677.11	\$368.02	\$309.09	\$143.32	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,022.68	\$140.77	\$25.00	\$1,188.45	\$466.88	\$721.57	\$555.80	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,329.48	\$140.77	\$25.00	\$1,495.25	\$495.56	\$999.69	\$833.92	\$495.56
43 4060											
PERS CARE											
PPO 90/10											
CA01	E80	SELF	1	\$1,085.83	\$140.77	\$25.00	\$1,251.60	\$368.02	\$883.58	\$717.81	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$2,171.66	\$140.77	\$25.00	\$2,337.43	\$466.88	\$1,870.55	\$1,704.78	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,823.16	\$140.77	\$25.00	\$2,988.93	\$495.56	\$2,493.37	\$2,327.60	\$495.56

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 Health Cost	ER Health Cost	
											eff 9/30/17
Anthem HMO Select											
AHS1	E20	SELF	1	\$592.23	\$140.77	\$25.00	\$758.00	\$368.02	\$389.98	\$224.21	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,184.46	\$140.77	\$25.00	\$1,350.23	\$466.88	\$883.35	\$717.58	\$466.88
	F20	SELF + DEPENDENTS	3	\$1,539.80	\$140.77	\$25.00	\$1,705.57	\$495.56	\$1,210.01	\$1,044.24	\$495.56
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,334.38	\$140.77	\$25.00	\$1,500.15	\$368.02	\$1,132.13	\$966.36	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$2,668.76	\$140.77	\$25.00	\$2,834.53	\$466.88	\$2,367.65	\$2,201.88	\$466.88
	F20	SELF + DEPENDENTS	3	\$3,469.39	\$140.77	\$25.00	\$3,635.16	\$495.56	\$3,139.60	\$2,973.83	\$495.56
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	\$368.02	\$494.43	\$328.66	\$368.02
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$466.88	\$1,092.25	\$926.48	\$466.88
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$495.56	\$1,481.58	\$1,315.81	\$495.56

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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