

OTHER NORTHERN 2018 MATRIX

SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

0.5625

PAYROLL USE ONLY

	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP vised CAP 4-30-1	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
	22 4030	IDIO									
IZD04	KAISER	HMO	1	#705.42	#1.40.7 <i>C</i>	#25 00	#0.61.10	#27F 40	#F0F 70	# 440 04	#27F 40
KP01	E80	SELF	1	\$795.43	\$140.76	\$25.00 \$25.00	\$961.19	\$375.49	\$585.70	\$419.94	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,590.86	\$140.76	\$25.00	\$1,756.62	\$466.88	\$1,289.74	\$1,123.98	\$466.88
	F80 32 4010	SELF + DEPENDENTS	3	\$2,068.12	\$140.76	\$25.00	\$2,233.88	\$495.56	\$1,738.32	\$1,572.56	\$495.56
BLU	UE SHIELD ACCESS	НМО									
BA01	860	SELF	1	\$894.43	\$140.76	\$25.00	\$1,060.19	\$374.63	\$685.56	\$519.80	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,788.86	\$140.76	\$25.00	\$1,954.62	\$466.88	\$1,487.74	\$1,321.98	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,325.52	\$140.76	\$25.00	\$2,491.28	\$495.56	\$1,995.72	\$1,829.96	\$495.56
	41 4040										
Athem	Blue Cross- PERS										
	CHOICE	PPO 80/20									
CH01	E80	SELF	1	\$813.96	\$140.76	\$25.00	\$979.72	\$368.02	\$611.70	\$445.94	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,627.92	\$140.76	\$25.00	\$1,793.68	\$466.88	\$1,326.80	\$1,161.04	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,116.30	\$140.76	\$25.00	\$2,282.06	\$495.56	\$1,786.50	\$1,620.74	\$495.56
	42 4050										
	PERS SELECT	PPO 80/20									
SE01	E80	SELF	1	\$691.78	\$140.76	\$25.00	\$857.54	\$368.02	\$489.52	\$323.76	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,383.56	\$140.76	\$25.00	\$1,549.32	\$466.88	\$1,082.44	\$916.68	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,798.63	\$140.76	\$25.00	\$1,964.39	\$495.56	\$1,468.83	\$1,303.07	\$495.56
	43 4060										
	PERS CARE	PPO 90/10									
CA01	E80	SELF	1	\$866.93	\$140.76	\$25.00	\$1,032.69	\$368.02	\$664.67	\$498.91	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,733.86	\$140.76	\$25.00	\$1,899.62	\$466.88	\$1,432.74	\$1,266.98	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,254.02	\$140.76	\$25.00	\$2,419.78	\$495.56	\$1,924.22	\$1,758.46	\$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**



MEDICAL PROVIDER

Anthem HMO Select

E20

D20

F20

Anthem HMO Traditional

E20

D20

F20

E20

D20

F20

Western Health Advantage

United HealthCare

AHS1

AHT1

UN01

PLAN

SELF

SELF

HMO PLAN

SELF

HMO PLAN

SELF

SELF + 1 DEPENDENT

SELF + DEPENDENTS

TIERS

1

2

3

1

2

3

2

3

1 2

3

OTHER NORTHERN 2018 MATRIX

SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

MEDICAL DENTAL

\$910.90

\$1,821.80

\$2,368.34

\$954.75

\$1,909.50

\$2,482.35

\$1,205.55

\$2,411.10

\$3,134.43

\$744.79

\$1,489.58

\$1,936.45

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

eff 9/30/17

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

\$140.76

BENEFITS

TOTAL

\$1,076.66

\$1,987.56

\$2,534.10

\$1,120.51

\$2,075.26

\$2,648.11

\$1,371.31

\$2,576.86

\$3,300.19

\$910.55

\$1,655.34

\$2,102.21

CAP

\$830.00

\$881.00

\$825.34

\$1,221,21

VISION

eff 1-1-16

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

\$25.00

PAYROLL USE **ONLY** EE ER **EMPLOYEE** DISTRICT Health Health **COST PER** MONTH Cost Cost revised CAP 4-30-15 \$368.02 \$708.64 \$542.88 \$368.02 \$466.88 \$1,520.68 \$1,354.92 \$466.88 \$495.56 \$2,038.54 \$495.56 \$1,872.78 \$368.02 \$586.73 \$368.02 \$752.49 \$466.88 \$466.88 \$1,608.38 \$1,442.62 \$495.56 \$2,152.55 \$1,986.79 \$495.56 \$368.02 \$1,003.29 \$837.53 \$368.02 \$466.88 \$2,109.98 \$466.88 \$1,944.22 \$495.56 \$2,804.63 \$2,638.87 \$495.56 \$654.25 \$256.30 \$90.54 \$654.25

\$659.58

\$1,055.45

\$830.00

\$881.00

rates are subject to change throughout the year

District contributions are subject to change due to on-going bargaining group negotiations**

Basic Premium Rates - OTHER NORTHERN CALIFORNIA

Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity and Tuolomne

[.]Dental and Vision plans require 100% participation for full -time employees *

[.]Waiving medical coverage requires completing a HEALTH ENROLLMENT form