PAYROLL USE ONLY

OTHER NORTHERN 2018 MATRIX

Lodi A

LPPA 65% EMPLOYEES WITH 2016 CAPS

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

ME	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
	22 4030	*****									
	KAISER	НМО									
KP01	E70	SELF	1	\$795.43	\$145.66	\$25.00	\$966.09	\$501.83	\$464.26	\$293.60	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,590.86	\$145.66	\$25.00	\$1,761.52	\$501.83	\$1,259.69	\$1,089.03	\$501.83
	F70 32 4010	SELF + DEPENDENTS	3	\$2,068.12	\$145.66	\$25.00	\$2,238.78	\$501.83	\$1,736.95	\$1,566.29	\$501.83
BI	UE SHIELD ACCESS	НМО									
BA01	E70	SELF	1	\$894.43	\$145.66	\$25.00	\$1,065.09	\$501.83	\$563.26	\$392.60	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,788.86	\$145.66	\$25.00	\$1,959.52	\$501.83	\$1,457.69	\$1,287.03	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,325.52	\$145.66	\$25.00	\$2,496.18	\$501.83	\$1,994.35	\$1,823.69	\$501.83
	41 4040			π−,0 = 0 = 0	# - 10.00	#=5100	# _, .,	#000.00	# - j	# - , 0_0.07	#00130
	nem Blue Cross- PERS CHOICE	PPO 80/20									
CH01	E70	SELF	1	\$813.96	\$145.66	\$25.00	\$984.62	\$501.83	\$482.79	\$312.13	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,627.92	\$145.66	\$25.00	\$1,798.58	\$501.83	\$1,296.75	\$1,126.09	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,116.30	\$145.66	\$25.00	\$2,286.96	\$501.83	\$1,785.13	\$1,614.47	\$501.83
	42 4050										
	PERS SELECT	PPO 80/20									
SE01	E70	SELF	1	\$691.78	\$145.66	\$25.00	\$862.44	\$501.83	\$360.61	\$189.95	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,383.56	\$145.66	\$25.00	\$1,554.22	\$501.83	\$1,052.39	\$881.73	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,798.63	\$145.66	\$25.00	\$1,969.29	\$501.83	\$1,467.46	\$1,296.80	\$501.83
	43 4060										
	PERS CARE	PPO 90/10									
CA01	E70	SELF	1	\$866.93	\$145.66	\$25.00	\$1,037.59	\$501.83	\$535.76	\$365.10	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,733.86	\$145.66	\$25.00	\$1,904.52	\$501.83	\$1,402.69	\$1,232.03	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,254.02	\$145.66	\$25.00	\$2,424.68	\$501.83	\$1,922.85	\$1,752.19	\$501.83

rates are subject to change throughout the year

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

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

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



OTHER NORTHERN 2018 MATRIX

LOUI X EMPLOYEES WITH 2016 CAPS								PAYROLL USE			
Unij	nified School District Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18								ONLY		
MED	DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem	n HMO Select										
AHS1	E20	SELF	1	\$910.90	\$145.66	\$25.00	\$1,081.56	\$501.83	\$579.73	\$409.07	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,821.80	\$145.66	\$25.00			\$1,490.63	\$1,319.97	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,368.34	\$145.66	\$25.00	\$2,539.00	\$501.83	\$2,037.17	\$1,866.51	\$501.83
Anthem	n HMO Traditional										
AHT1	E20	SELF	1	\$954.75	\$145.66	\$25.00	\$1,125.41	\$501.83	\$623.58	\$452.92	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,909.50	\$145.66	\$25.00	\$2,080.16	\$501.83	\$1,578.33	\$1,407.67	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,482.35	\$145.66	\$25.00	\$2,653.01	\$501.83	\$2,151.18	\$1,980.52	\$501.83
United	HealthCare	HMO PLAN									
UN01	E20	SELF	1	\$1,205.55	\$145.66	\$25.00	\$1,376.21	\$501.83	\$874.38	\$703.72	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$2,411.10	\$145.66	\$25.00	\$2,581.76	\$501.83	\$2,079.93	\$1,909.27	\$501.83
	F20	SELF + DEPENDENTS	3	\$3,134.43	\$145.66	\$25.00	\$3,305.09	\$501.83	\$2,803.26	\$2,632.60	\$501.83
		HMO PLAN									
Western Health Advantage			1	\$744.79	\$145.66	\$25.00	\$915.45	\$501.83	\$413.62	\$242.96	\$501.83
	8	SELF + 1 DEPENDENT	2	\$1,489.58	\$145.66	\$25.00	\$1,660.24	\$501.83	\$1,158.41	\$987.75	\$501.83
		SELF + DEPENDENTS	3	\$1,936.45	\$145.66	\$25.00	\$2,107.11	\$501.83	\$1,605.28	\$1,434.62	\$501.83

rates are subject to change throughout the year

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

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

Basic Premium Rates - OTHER NORTHERN CALIFORNIA

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity and Tuolomne

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