



BAY AREA

2018 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY	*MANDATORY			
				Eff 9-30-17	eff 3-1-15			
	SINGLE	1	\$ 779.86	\$142.37	\$ 25.00	\$ 947.23	\$ -	\$ 947.23
	2-PARTY	2	\$ 1,559.72	\$142.37	\$ 25.00	\$ 1,727.09	\$ -	\$ 1,727.09
	FAMILY	3	\$ 2,027.64	\$142.37	\$ 25.00	\$ 2,195.01	\$ -	\$ 2,195.01
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Blue Shield Access+	HMO							
	SINGLE	1	\$ 889.02	\$142.37	\$ 25.00	\$ 1,056.39	\$ -	\$ 1,056.39
	2-PARTY	2	\$ 1,778.04	\$142.37	\$ 25.00	\$ 1,945.41	\$ -	\$ 1,945.41
	FAMILY	3	\$ 2,311.45	\$142.37	\$ 25.00	\$ 2,478.82	\$ -	\$ 2,478.82
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PERS Choice	PPO 80/20							
	SINGLE	1	\$ 800.27	\$142.37	\$ 25.00	\$ 967.64	\$ -	\$ 967.64
	2-PARTY	2	\$ 1,600.54	\$142.37	\$ 25.00	\$ 1,767.91	\$ -	\$ 1,767.91
	FAMILY	3	\$ 2,080.70	\$142.37	\$ 25.00	\$ 2,248.07	\$ -	\$ 2,248.07
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PERS Select	PPO 80/20							
	SINGLE	1	\$ 717.50	\$142.37	\$ 25.00	\$ 884.87	\$ -	\$ 884.87
	2-PARTY	2	\$ 1,435.00	\$142.37	\$ 25.00	\$ 1,602.37	\$ -	\$ 1,602.37
	FAMILY	3	\$ 1,865.50	\$142.37	\$ 25.00	\$ 2,032.87	\$ -	\$ 2,032.87
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PERSCare	PPO 90/10							
	SINGLE	1	\$ 882.45	\$142.37	\$ 25.00	\$ 1,049.82	\$ -	\$ 1,049.82
	2-PARTY	2	\$ 1,764.90	\$142.37	\$ 25.00	\$ 1,932.27	\$ -	\$ 1,932.27
	FAMILY	3	\$ 2,294.37	\$142.37	\$ 25.00	\$ 2,461.74	\$ -	\$ 2,461.74



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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	
				*MANDATORY	*MANDATORY				
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 856.41	\$ 142.37	\$ 25.00	\$ 1,023.78	\$ -	\$ 1,023.78
	D20	SELF + 1 DEPENDENT	2	\$ 1,712.82	\$ 142.37	\$ 25.00	\$ 1,880.19	\$ -	\$ 1,880.19
	F20	SELF + DEPENDENTS	3	\$ 2,226.67	\$ 142.37	\$ 25.00	\$ 2,394.04	\$ -	\$ 2,394.04
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 925.47	\$ 142.37	\$ 25.00	\$ 1,092.84	\$ -	\$ 1,092.84
	D20	SELF + 1 DEPENDENT	2	\$ 1,850.94	\$ 142.37	\$ 25.00	\$ 2,018.31	\$ -	\$ 2,018.31
	F20	SELF + DEPENDENTS	3	\$ 2,406.22	\$ 142.37	\$ 25.00	\$ 2,573.59	\$ -	\$ 2,573.59
United HealthCare									
UN01	E20	SELF	1	\$ 1,371.84	\$ 142.37	\$ 25.00	\$ 1,539.21	\$ -	\$ 1,539.21
	D20	SELF + 1 DEPENDENT	2	\$ 2,743.68	\$ 142.37	\$ 25.00	\$ 2,911.05	\$ -	\$ 2,911.05
	F20	SELF + DEPENDENTS	3	\$ 3,566.78	\$ 142.37	\$ 25.00	\$ 3,734.15	\$ -	\$ 3,734.15
Health Net SmartCare									
		SELF	1	\$ 863.48	\$ 142.37	\$ 25.00	\$ 1,030.85	\$ -	\$ 1,030.85
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$ 142.37	\$ 25.00	\$ 1,894.33	\$ -	\$ 1,894.33
		SELF + DEPENDENTS	3	\$ 2,245.05	\$ 142.37	\$ 25.00	\$ 2,412.42	\$ -	\$ 2,412.42
Western Health Advantage									
		SELF	1	\$ 792.56	\$ 142.37	\$ 25.00	\$ 959.93	\$ -	\$ 959.93
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$ 142.37	\$ 25.00	\$ 1,752.49	\$ -	\$ 1,752.49
		SELF + DEPENDENTS	3	\$ 2,060.66	\$ 142.37	\$ 25.00	\$ 2,228.03	\$ -	\$ 2,228.03

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.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**

Basic Premium Rates - BAY AREA

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz,
Solano, Sonoma, Sutter and Yuba.