



**BAY AREA
2018 MATRIX**

Dental Rates eff 9-30-17

0.975

LEA 100% EMPLOYEES WITH 2018 CAPS

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

1

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		Applied to Health 1st				
22 4030 KAISER HMO											
KP01	E60	SELF	1	\$779.86	\$142.37	\$20.00	\$942.23	\$668.98	\$273.25	\$110.88	\$668.98
	D60	SELF + 1 DEPENDENT	2	\$1,559.72	\$142.37	\$20.00	\$1,722.09	\$1,222.68	\$499.41	\$337.04	\$1,222.68
	F60	SELF + DEPENDENTS	3	\$2,027.64	\$142.37	\$20.00	\$2,190.01	\$1,554.91	\$635.10	\$472.73	\$1,554.91
32 4010 BLUE SHIELD ACCESS HMO											
BA01	E60	SELF	1	\$889.02	\$142.37	\$20.00	\$1,051.39	\$746.49	\$304.90	\$142.53	\$746.49
	D60	SELF + 1 DEPENDENT	2	\$1,778.04	\$142.37	\$20.00	\$1,940.41	\$1,377.69	\$562.72	\$400.35	\$1,377.69
	F60	SELF + DEPENDENTS	3	\$2,311.45	\$142.37	\$20.00	\$2,473.82	\$1,756.41	\$717.41	\$555.04	\$1,756.41
41 4040 Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E60	SELF	1	\$800.27	\$142.37	\$20.00	\$962.64	\$683.47	\$279.17	\$116.80	\$683.47
	D60	SELF + 1 DEPENDENT	2	\$1,600.54	\$142.37	\$20.00	\$1,762.91	\$1,251.67	\$511.24	\$348.87	\$1,251.67
	F60	SELF + DEPENDENTS	3	\$2,080.70	\$142.37	\$20.00	\$2,243.07	\$1,592.58	\$650.49	\$488.12	\$1,592.58
42 4050 PERS SELECT PPO 80/20											
SE01	E60	SELF	1	\$717.50	\$142.37	\$20.00	\$879.87	\$563.12	\$316.75	\$154.38	\$563.12
	D60	SELF + 1 DEPENDENT	2	\$1,435.00	\$142.37	\$20.00	\$1,597.37	\$1,022.32	\$575.05	\$412.68	\$1,022.32
	F60	SELF + DEPENDENTS	3	\$1,865.50	\$142.37	\$20.00	\$2,027.87	\$1,297.84	\$730.03	\$567.66	\$1,297.84
43 4060 PERS CARE PPO 90/10											
CA01	E60	SELF	1	\$882.45	\$142.37	\$20.00	\$1,044.82	\$668.68	\$376.14	\$213.77	\$668.68
	D60	SELF + 1 DEPENDENT	2	\$1,764.90	\$142.37	\$20.00	\$1,927.27	\$1,233.45	\$693.82	\$531.45	\$1,233.45
	F60	SELF + DEPENDENTS	3	\$2,294.37	\$142.37	\$20.00	\$2,456.74	\$1,572.31	\$884.43	\$722.06	\$1,572.31

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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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$142.37	\$20.00	\$1,018.78	\$611.27	\$407.51	\$245.14	\$611.27
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$142.37	\$20.00	\$1,875.19	\$1,125.11	\$750.08	\$587.71	\$1,125.11
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$142.37	\$20.00	\$2,389.04	\$1,433.42	\$955.62	\$793.25	\$1,433.42
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$142.37	\$20.00	\$1,087.84	\$652.70	\$435.14	\$272.77	\$652.70
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$142.37	\$20.00	\$2,013.31	\$1,207.99	\$805.32	\$642.95	\$1,207.99
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$142.37	\$20.00	\$2,568.59	\$1,541.15	\$1,027.44	\$865.07	\$1,541.15
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$142.37	\$20.00	\$1,534.21	\$671.54	\$862.67	\$700.30	\$671.54
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$142.37	\$20.00	\$2,906.05	\$1,244.83	\$1,661.22	\$1,498.85	\$1,244.83
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$142.37	\$20.00	\$3,729.15	\$1,588.78	\$2,140.37	\$1,978.00	\$1,588.78
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$142.37	\$20.00	\$1,025.85	\$666.80	\$ 359.05	\$196.68	\$666.80
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$142.37	\$20.00	\$1,889.33	\$1,228.06	\$ 661.27	\$498.90	\$1,228.06
		SELF + DEPENDENTS	3	\$ 2,245.05	\$142.37	\$20.00	\$2,407.42	\$1,564.82	\$ 842.60	\$680.23	\$1,564.82
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$142.37	\$20.00	\$954.93	\$583.00	\$ 371.93	\$209.56	\$583.00
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$142.37	\$20.00	\$1,747.49	\$1,104.30	\$ 643.19	\$480.82	\$1,104.30
		SELF + DEPENDENTS	3	\$ 2,060.66	\$142.37	\$20.00	\$2,223.03	\$1,417.08	\$ 805.95	\$643.58	\$1,417.08

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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.

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information