



**BAY AREA
2018 MATRIX**

Dental Rates eff 9-30-17

0.825

LEA 85% EMPLOYEES WITH 2018 CAPS

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

0.85

									PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Applied to Health 1st										
22 4030										
KAISER HMO										
KP01	E60	SELF	\$779.86	\$142.37	\$20.00	\$942.23	\$568.63	\$373.60	\$211.23	\$568.63
	D60	SELF + 1 DEPENDENT	\$1,559.72	\$142.37	\$20.00	\$1,722.09	\$1,039.28	\$682.81	\$520.44	\$1,039.28
	F60	SELF + DEPENDENTS	\$2,027.64	\$142.37	\$20.00	\$2,190.01	\$1,321.67	\$868.34	\$705.97	\$1,321.67
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E60	SELF	\$889.02	\$142.37	\$20.00	\$1,051.39	\$634.52	\$416.87	\$254.50	\$634.52
	D60	SELF + 1 DEPENDENT	\$1,778.04	\$142.37	\$20.00	\$1,940.41	\$1,171.04	\$769.37	\$607.00	\$1,171.04
	F60	SELF + DEPENDENTS	\$2,311.45	\$142.37	\$20.00	\$2,473.82	\$1,492.95	\$980.87	\$818.50	\$1,492.95
41 4040										
Athem Blue Cross-CHOICE PERS PPO 80/20										
CH01	E60	SELF	\$800.27	\$142.37	\$20.00	\$962.64	\$580.95	\$381.69	\$219.32	\$580.95
	D60	SELF + 1 DEPENDENT	\$1,600.54	\$142.37	\$20.00	\$1,762.91	\$1,063.92	\$698.99	\$536.62	\$1,063.92
	F60	SELF + DEPENDENTS	\$2,080.70	\$142.37	\$20.00	\$2,243.07	\$1,353.69	\$889.38	\$727.01	\$1,353.69
42 4050										
PERS SELECT PPO 80/20										
SE01	E60	SELF	\$717.50	\$142.37	\$20.00	\$879.87	\$478.65	\$401.22	\$238.85	\$478.65
	D60	SELF + 1 DEPENDENT	\$1,435.00	\$142.37	\$20.00	\$1,597.37	\$868.97	\$728.40	\$566.03	\$868.97
	F60	SELF + DEPENDENTS	\$1,865.50	\$142.37	\$20.00	\$2,027.87	\$1,103.16	\$924.71	\$762.34	\$1,103.16
43 4060										
PERS CARE PPO 90/10										
CA01	E60	SELF	\$882.45	\$142.37	\$20.00	\$1,044.82	\$568.38	\$476.44	\$314.07	\$568.38
	D60	SELF + 1 DEPENDENT	\$1,764.90	\$142.37	\$20.00	\$1,927.27	\$1,048.43	\$878.84	\$716.47	\$1,048.43
	F60	SELF + DEPENDENTS	\$2,294.37	\$142.37	\$20.00	\$2,456.74	\$1,336.46	\$1,120.28	\$957.91	\$1,336.46

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	Health Cost	Health Cost	
Applied to Health 1st											
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$142.37	\$20.00	\$1,018.78	\$519.58	\$499.20	\$336.83	\$519.58
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$142.37	\$20.00	\$1,875.19	\$956.34	\$918.85	\$756.48	\$956.34
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$142.37	\$20.00	\$2,389.04	\$1,218.41	\$1,170.63	\$1,008.26	\$1,218.41
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$142.37	\$20.00	\$1,087.84	\$554.80	\$533.04	\$370.67	\$554.80
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$142.37	\$20.00	\$2,013.31	\$1,026.79	\$986.52	\$824.15	\$1,026.79
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$142.37	\$20.00	\$2,568.59	\$1,309.98	\$1,258.61	\$1,096.24	\$1,309.98
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$142.37	\$20.00	\$1,534.21	\$570.81	\$963.40	\$801.03	\$570.81
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$142.37	\$20.00	\$2,906.05	\$1,058.11	\$1,847.94	\$1,685.57	\$1,058.11
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$142.37	\$20.00	\$3,729.15	\$1,350.46	\$2,378.69	\$2,216.32	\$1,350.46
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$142.37	\$20.00	\$1,025.85	\$566.78	\$ 459.07	\$296.70	\$566.78
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$142.37	\$20.00	\$1,889.33	\$1,043.85	\$ 845.48	\$683.11	\$1,043.85
		SELF + DEPENDENTS	3	\$ 2,245.05	\$142.37	\$20.00	\$2,407.42	\$1,330.10	\$ 1,077.32	\$914.95	\$1,330.10
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$142.37	\$20.00	\$954.93	\$495.55	\$ 459.38	\$297.01	\$495.55
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$142.37	\$20.00	\$1,747.49	\$938.66	\$ 808.83	\$646.46	\$938.66
		SELF + DEPENDENTS	3	\$ 2,060.66	\$142.37	\$20.00	\$2,223.03	\$1,204.52	\$ 1,018.51	\$856.14	\$1,204.52

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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