



**BAY AREA  
2018 MATRIX**

Dental Rates eff 9-30-17

**LEA 70% EMPLOYEES WITH 2018 CAPS**

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

0.7

**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
Applied to Health 1st											
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E60	SELF	1	\$779.86	\$142.37	\$20.00	\$942.23	\$468.29	\$473.94	\$311.57	\$468.29
	D60	SELF + 1 DEPENDENT	2	\$1,559.72	\$142.37	\$20.00	\$1,722.09	\$855.88	\$866.21	\$703.84	\$855.88
	F60	SELF + DEPENDENTS	3	\$2,027.64	\$142.37	\$20.00	\$2,190.01	\$1,088.44	\$1,101.57	\$939.20	\$1,088.44
<b>52 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	1	\$889.02	\$142.37	\$20.00	\$1,051.39	\$522.54	\$528.85	\$366.48	\$522.54
	D60	SELF + 1 DEPENDENT	2	\$1,778.04	\$142.37	\$20.00	\$1,940.41	\$964.38	\$976.03	\$813.66	\$964.38
	F60	SELF + DEPENDENTS	3	\$2,311.45	\$142.37	\$20.00	\$2,473.82	\$1,229.49	\$1,244.33	\$1,081.96	\$1,229.49
<b>41 4040</b>											
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>											
CH01	E60	SELF	1	\$800.27	\$142.37	\$20.00	\$962.64	\$478.43	\$484.21	\$321.84	\$478.43
	D60	SELF + 1 DEPENDENT	2	\$1,600.54	\$142.37	\$20.00	\$1,762.91	\$876.17	\$886.74	\$724.37	\$876.17
	F60	SELF + DEPENDENTS	3	\$2,080.70	\$142.37	\$20.00	\$2,243.07	\$1,114.81	\$1,128.26	\$965.89	\$1,114.81
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	1	\$717.50	\$142.37	\$20.00	\$879.87	\$394.18	\$485.69	\$323.32	\$394.18
	D60	SELF + 1 DEPENDENT	2	\$1,435.00	\$142.37	\$20.00	\$1,597.37	\$715.62	\$881.75	\$719.38	\$715.62
	F60	SELF + DEPENDENTS	3	\$1,865.50	\$142.37	\$20.00	\$2,027.87	\$908.49	\$1,119.38	\$957.01	\$908.49
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E60	SELF	1	\$882.45	\$142.37	\$20.00	\$1,044.82	\$468.08	\$576.74	\$414.37	\$468.08
	D60	SELF + 1 DEPENDENT	2	\$1,764.90	\$142.37	\$20.00	\$1,927.27	\$863.42	\$1,063.85	\$901.48	\$863.42
	F60	SELF + DEPENDENTS	3	\$2,294.37	\$142.37	\$20.00	\$2,456.74	\$1,100.62	\$1,356.12	\$1,193.75	\$1,100.62

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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Applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$142.37	\$20.00	\$1,018.78	\$427.89	\$590.89	\$428.52	\$427.89
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$142.37	\$20.00	\$1,875.19	\$787.58	\$1,087.61	\$925.24	\$787.58
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$142.37	\$20.00	\$2,389.04	\$1,003.39	\$1,385.65	\$1,223.28	\$1,003.39
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$142.37	\$20.00	\$1,087.84	\$456.89	\$630.95	\$468.58	\$456.89
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$142.37	\$20.00	\$2,013.31	\$845.59	\$1,167.72	\$1,005.35	\$845.59
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$142.37	\$20.00	\$2,568.59	\$1,078.81	\$1,489.78	\$1,327.41	\$1,078.81
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$142.37	\$20.00	\$1,534.21	\$470.08	\$1,064.13	\$901.76	\$470.08
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$142.37	\$20.00	\$2,906.05	\$871.38	\$2,034.67	\$1,872.30	\$871.38
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$142.37	\$20.00	\$3,729.15	\$1,112.15	\$2,617.00	\$2,454.63	\$1,112.15
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 863.48	\$0.00	\$20.00	\$883.48	\$466.76	\$ 416.72	\$396.72	\$466.76
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$0.00	\$20.00	\$1,746.96	\$859.64	\$ 887.32	\$867.32	\$859.64
		SELF + DEPENDENTS	3	\$ 2,245.05	\$0.00	\$20.00	\$2,265.05	\$1,095.37	\$ 1,169.68	\$1,149.68	\$1,095.37
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 792.56	\$142.37	\$20.00	\$954.93	\$408.10	\$ 546.83	\$384.46	\$408.10
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$142.37	\$20.00	\$1,747.49	\$773.01	\$ 974.48	\$812.11	\$773.01
		SELF + DEPENDENTS	3	\$ 2,060.66	\$142.37	\$20.00	\$2,223.03	\$991.96	\$ 1,231.07	\$1,068.70	\$991.96

rates are subject to change throughout the year

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

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.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.