



**BAY AREA  
2018 MATRIX**

Dental Rates eff 9-30-17

**LEA 65% EMPLOYEES WITH 2018 CAPS**

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

0.65

										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											
<b>22 4030 KAISER HMO</b>											
KP01	E60	SELF	\$779.86	\$142.37	\$20.00	\$942.23	\$434.84	\$507.39	\$345.02	\$434.84	
	D60	SELF + 1 DEPENDENT	\$1,559.72	\$142.37	\$20.00	\$1,722.09	\$794.74	\$927.35	\$764.98	\$794.74	
	F60	SELF + DEPENDENTS	\$2,027.64	\$142.37	\$20.00	\$2,190.01	\$1,010.69	\$1,179.32	\$1,016.95	\$1,010.69	
<b>32 4010 BLUE SHIELD ACCESS HMO</b>											
BA01	E60	SELF	\$889.02	\$142.37	\$20.00	\$1,051.39	\$485.22	\$566.17	\$403.80	\$485.22	
	D60	SELF + 1 DEPENDENT	\$1,778.04	\$142.37	\$20.00	\$1,940.41	\$895.50	\$1,044.91	\$882.54	\$895.50	
	F60	SELF + DEPENDENTS	\$2,311.45	\$142.37	\$20.00	\$2,473.82	\$1,141.67	\$1,332.15	\$1,169.78	\$1,141.67	
<b>41 4040 Athem Blue Cross-CHOICE PERS</b>											
<b>PPO 80/20</b>											
CH01	E60	SELF	\$800.27	\$142.37	\$20.00	\$962.64	\$444.26	\$518.38	\$356.01	\$444.26	
	D60	SELF + 1 DEPENDENT	\$1,600.54	\$142.37	\$20.00	\$1,762.91	\$813.59	\$949.32	\$786.95	\$813.59	
	F60	SELF + DEPENDENTS	\$2,080.70	\$142.37	\$20.00	\$2,243.07	\$1,035.18	\$1,207.89	\$1,045.52	\$1,035.18	
<b>42 4050 PERS SELECT PPO 80/20</b>											
SE01	E60	SELF	\$717.50	\$142.37	\$20.00	\$879.87	\$366.03	\$513.84	\$351.47	\$366.03	
	D60	SELF + 1 DEPENDENT	\$1,435.00	\$142.37	\$20.00	\$1,597.37	\$664.51	\$932.86	\$770.49	\$664.51	
	F60	SELF + DEPENDENTS	\$1,865.50	\$142.37	\$20.00	\$2,027.87	\$843.60	\$1,184.27	\$1,021.90	\$843.60	
<b>43 4060 PERS CARE PPO 90/10</b>											
CA01	E60	SELF	\$882.45	\$142.37	\$20.00	\$1,044.82	\$434.64	\$610.18	\$447.81	\$434.64	
	D60	SELF + 1 DEPENDENT	\$1,764.90	\$142.37	\$20.00	\$1,927.27	\$801.74	\$1,125.53	\$963.16	\$801.74	
	F60	SELF + DEPENDENTS	\$2,294.37	\$142.37	\$20.00	\$2,456.74	\$1,022.00	\$1,434.74	\$1,272.37	\$1,022.00	

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				
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$142.37	\$20.00	\$1,018.78	\$397.33	\$621.45	\$459.08	\$397.33
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$142.37	\$20.00	\$1,875.19	\$731.32	\$1,143.87	\$981.50	\$731.32
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$142.37	\$20.00	\$2,389.04	\$931.72	\$1,457.32	\$1,294.95	\$931.72
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$142.37	\$20.00	\$1,087.84	\$424.26	\$663.58	\$501.21	\$424.26
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$142.37	\$20.00	\$2,013.31	\$785.19	\$1,228.12	\$1,065.75	\$785.19
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$142.37	\$20.00	\$2,568.59	\$1,001.75	\$1,566.84	\$1,404.47	\$1,001.75
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$142.37	\$20.00	\$1,534.21	\$436.50	\$1,097.71	\$935.34	\$436.50
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$142.37	\$20.00	\$2,906.05	\$809.14	\$2,096.91	\$1,934.54	\$809.14
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$142.37	\$20.00	\$3,729.15	\$1,032.71	\$2,696.44	\$2,534.07	\$1,032.71
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 863.48	\$0.00	\$20.00	\$883.48	\$433.42	\$ 450.06	\$430.06	\$433.42
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$0.00	\$20.00	\$1,746.96	\$798.24	\$ 948.72	\$928.72	\$798.24
		SELF + DEPENDENTS	3	\$ 2,245.05	\$0.00	\$20.00	\$2,265.05	\$1,017.13	\$ 1,247.92	\$1,227.92	\$1,017.13
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 792.56	\$142.37	\$20.00	\$954.93	\$378.95	\$ 575.98	\$413.61	\$378.95
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$142.37	\$20.00	\$1,747.49	\$717.80	\$ 1,029.69	\$867.32	\$717.80
		SELF + DEPENDENTS	3	\$ 2,060.66	\$142.37	\$20.00	\$2,223.03	\$921.10	\$ 1,301.93	\$1,139.56	\$921.10

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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.

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information