



**BAY AREA
2018 MATRIX**

SUPV 6.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.8125

									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
				Eff 9-30-17	eff 1-1-16		Revised CAP 4-30-15				
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$779.86	\$148.34	\$25.00	\$953.20	\$542.37	\$410.83	\$237.49	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$148.34	\$25.00	\$1,733.06	\$674.38	\$1,058.68	\$885.34	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$148.34	\$25.00	\$2,200.98	\$715.81	\$1,485.17	\$1,311.83	\$715.81
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$889.02	\$148.34	\$25.00	\$1,062.36	\$541.13	\$521.23	\$347.89	\$541.13
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$148.34	\$25.00	\$1,951.38	\$674.38	\$1,277.00	\$1,103.66	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$148.34	\$25.00	\$2,484.79	\$715.81	\$1,768.98	\$1,595.64	\$715.81
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$800.27	\$148.34	\$25.00	\$973.61	\$531.58	\$442.03	\$268.69	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$148.34	\$25.00	\$1,773.88	\$674.38	\$1,099.50	\$926.16	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$148.34	\$25.00	\$2,254.04	\$715.81	\$1,538.23	\$1,364.89	\$715.81
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$717.50	\$148.34	\$25.00	\$890.84	\$531.58	\$359.26	\$185.92	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$148.34	\$25.00	\$1,608.34	\$674.38	\$933.96	\$760.62	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$148.34	\$25.00	\$2,038.84	\$715.81	\$1,323.03	\$1,149.69	\$715.81
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$882.45	\$148.34	\$25.00	\$1,055.79	\$531.58	\$524.21	\$350.87	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$148.34	\$25.00	\$1,938.24	\$674.38	\$1,263.86	\$1,090.52	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$148.34	\$25.00	\$2,467.71	\$715.81	\$1,751.90	\$1,578.56	\$715.81

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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2018 MATRIX**

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PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
											Eff 9-30-17
Anthem HMO Select											
AHS1	E20	SELF	1	\$783.46	\$148.34	\$25.00	\$956.80	\$531.58	\$425.22	\$251.88	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,566.92	\$148.34	\$25.00	\$1,740.26	\$674.38	\$1,065.88	\$892.54	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,037.00	\$148.34	\$25.00	\$2,210.34	\$715.81	\$1,494.53	\$1,321.19	\$715.81
Anthem HMO Traditional											
AHT1	E80	SELF	1	\$990.05	\$148.34	\$25.00	\$1,163.39	\$531.58	\$631.81	\$458.47	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,980.10	\$148.34	\$25.00	\$2,153.44	\$674.38	\$1,479.06	\$1,305.72	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,574.13	\$148.34	\$25.00	\$2,747.47	\$715.81	\$2,031.66	\$1,858.32	\$715.81
United HealthCare HMO PLAN											
UHC1	E80	SELF	1	\$1,062.26	\$148.34	\$25.00	\$1,235.60	\$531.58	\$704.02	\$530.68	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$2,124.52	\$148.34	\$25.00	\$2,297.86	\$674.38	\$1,623.48	\$1,450.14	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,761.88	\$148.34	\$25.00	\$2,935.22	\$715.81	\$2,219.41	\$2,046.07	\$715.81
HealthNet SmartCare HMO PLAN											
HN01	E80	SELF	1	\$733.29	\$148.34	\$25.00	\$906.63	\$531.58	\$375.05	\$201.71	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,466.58	\$148.34	\$25.00	\$1,639.92	\$674.38	\$965.54	\$792.20	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,906.55	\$148.34	\$25.00	\$2,079.89	\$715.81	\$1,364.08	\$1,190.74	\$715.81
Western Health Advantage HMO PLAN											
	SELF	1	\$792.56	\$148.34	\$25.00	\$965.90	\$531.58	\$434.32	\$260.98	\$531.58	
	SELF + 1 DEPENDENT	2	\$1,585.12	\$148.34	\$25.00	\$1,758.46	\$674.38	\$1,084.08	\$910.74	\$674.38	
	SELF + DEPENDENTS	3	\$2,060.66	\$148.34	\$25.00	\$2,234.00	\$715.81	\$1,518.19	\$1,344.85	\$715.81	

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Basic Premium Rates - BAY AREA

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