

BAY AREA 2018 MATRIX

SUPV 7.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.9375

PAYROLL USE ONLY

,							BENEFITS	DISTRICT	EMPLOYEE COST PER	EE Health	ER Health
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	TOTAL	CAP	MONTH	Cost	Cost
	22 4030	Revised Cap eff 4-30-15 Eff 9-30-17 eff 1-1-16									
	KAISER	HMO									
KP01	E80	SELF	1	\$779.86	\$140.76	\$25.00	\$945.62	\$625.81	\$319.81	\$154.05	\$625.81
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$778.13	\$947.35	\$781.59	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$825.94	\$1,367.46	\$1,201.70	\$825.94
	32 4010			" ,		"	" /		. ,	" ,	-
	E SHIELD ACCESS	HMO									
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$624.38	\$430.40	\$264.64	\$624.38
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$778.13	\$1,165.67	\$999.91	\$778.13
	F80 41 4040	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$825.94	\$1,651.27	\$1,485.51	\$825.94
Athor	m Blue Cross-										
	ERS CHOICE	PPO 80/20									
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$613.36	\$352.67	\$186.91	\$613.36
CITOI	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$778.13	\$988.17	\$822.41	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$825.94	\$1,420.52	\$1,254.76	\$825.94
	1 00	SELI I DEI ENDENTS	3	Ψ2,000.70	\$140.70	Ψ23.00	Ψ2,210.10	9023.71	ψ1,120.32	Ψ1,234.70	9023.74
	42 4050										
P	ERS SELECT	PPO 80/20									
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$613.36	\$269.90	\$104.14	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$778.13	\$822.63	\$656.87	\$778.13
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$825.94	\$1,205.32	\$1,039.56	\$825.94
	43 4060										
]	PERS CARE	PPO 90/10									
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$613.36	\$434.85	\$269.09	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$778.13	\$1,152.53	\$986.77	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$825.94	\$1,634.19	\$1,468.43	\$825.94

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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MEDI	CAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9-30-17	VISION eff 1-1-16	BENEFITS TOTAL Rev	DISTRICT CAP ised Cap eff 4-30	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem	HMO Select										
AHS1	E20	SELF	1	\$856.41	\$140.76	\$25.00	\$1,022.17	\$613.36	\$408.81	\$243.05	\$613.36
711101	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$778.13	\$1,100.45	\$934.69	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$825.94	\$1,566.49	\$1,400.73	\$825.94
	1.20	SELF + DEFENDENTS	3	φ2,220.07	\$140.70	φ23.00	φ2,372. 4 3	₽02J.9 4	\$1,500.47	φ1, 4 00.73	\$023.9 4
Anthem	HMO Traditiona	al									
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$613.36	\$477.87	\$312.11	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$778.13	\$1,238.57	\$1,072.81	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$825.94	\$1,746.04	\$1,580.28	\$825.94
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United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$613.36	\$924.24	\$758.48	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$778.13	\$2,131.31	\$1,965.55	\$778.13
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$825.94	\$2,906.60	\$2,740.84	\$825.94
	Net SmartCare	HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$613.36	\$415.88	\$250.12	\$613.36
D20		SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$778.13	\$1,114.59	\$948.83	\$778.13
F20		SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$825.94	\$1,584.87	\$1,419.11	\$825.94
		TT1 (0 PT 1) 1									
Western Health		HMO PLAN		0 500 57	04.40 E.c	405.00	*****	***	#0F0 00	050056	***
-	Advantage	SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$0.00	\$958.32	\$792.56	\$0.00
		SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$613.36	\$1,137.52	\$971.76	\$613.36
		SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$778.13	\$1,448.29	\$1,282.53	\$778.13

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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.

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