



**BAY AREA
2018 MATRIX**

SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.6875

**PAYROLL USE
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									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	\$140.76	\$25.00	\$945.62	\$458.93	\$486.69	\$320.93	\$458.93
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$570.63	\$1,154.85	\$989.09	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$605.69	\$1,587.71	\$1,421.95	\$605.69
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$457.88	\$596.90	\$431.14	\$457.88
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$570.63	\$1,373.17	\$1,207.41	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$605.69	\$1,871.52	\$1,705.76	\$605.69
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$449.80	\$516.23	\$350.47	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$570.63	\$1,195.67	\$1,029.91	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$605.69	\$1,640.77	\$1,475.01	\$605.69
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$449.80	\$433.46	\$267.70	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$570.63	\$1,030.13	\$864.37	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$605.69	\$1,425.57	\$1,259.81	\$605.69
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$449.80	\$598.41	\$432.65	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$570.63	\$1,360.03	\$1,194.27	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$605.69	\$1,854.44	\$1,688.68	\$605.69

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	EE Health Cost	ER Health Cost	
											eff 9/30/17
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$140.76	\$25.00	\$1,022.17	\$449.80	\$572.37	\$406.61	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$570.63	\$1,307.95	\$1,142.19	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$605.69	\$1,786.74	\$1,620.98	\$605.69
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$449.80	\$641.43	\$475.67	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$570.63	\$1,446.07	\$1,280.31	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$605.69	\$1,966.29	\$1,800.53	\$605.69
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$449.80	\$1,087.80	\$922.04	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$570.63	\$2,338.81	\$2,173.05	\$570.63
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$605.69	\$3,126.85	\$2,961.09	\$605.69
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$449.80	\$579.44	\$413.68	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$570.63	\$1,322.09	\$1,156.33	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$605.69	\$1,805.12	\$1,639.36	\$605.69
Western Health Advantage HMO PLAN											
		SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$449.80	\$508.52	\$342.76	\$449.80
		SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$570.63	\$1,180.25	\$1,014.49	\$570.63
		SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$605.69	\$1,620.73	\$1,454.97	\$605.69

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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.