



**BAY AREA
2018 MATRIX**

SUPV 8 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

									PAYROLL USE ONLY		
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				*MANDATORY Eff 9-30-17	*MANDATORY eff 1-1-16	New Amt eff 4-30-15					
22 4030											
KAISER		HMO									
KP01	E80	SELF	1	\$779.86	\$140.76	\$25.00	\$945.62	\$667.53	\$278.09	\$112.33	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$830.00	\$895.48	\$729.72	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$881.00	\$1,312.40	\$1,146.64	\$881.00
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$666.01	\$388.77	\$223.01	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$830.00	\$1,113.80	\$948.04	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$881.00	\$1,596.21	\$1,430.45	\$881.00
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/20									
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$654.25	\$311.78	\$146.02	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$830.00	\$936.30	\$770.54	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$881.00	\$1,365.46	\$1,199.70	\$881.00
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$654.25	\$229.01	\$63.25	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$830.00	\$770.76	\$605.00	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$881.00	\$1,150.26	\$984.50	\$881.00
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$654.25	\$393.96	\$228.20	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$830.00	\$1,100.66	\$934.90	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$881.00	\$1,579.13	\$1,413.37	\$881.00

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	EE Health Cost	ER Health Cost	
				*MANDATORY Eff 9-30-17	*MANDATORY eff 1-1-16						
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$140.76	\$25.00	\$1,022.17	\$654.25	\$367.92	\$202.16	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$830.00	\$1,048.58	\$882.82	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$881.00	\$1,511.43	\$1,345.67	\$881.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$654.25	\$436.98	\$271.22	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$830.00	\$1,186.70	\$1,020.94	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$881.00	\$1,690.98	\$1,525.22	\$881.00
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$654.25	\$883.35	\$717.59	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$830.00	\$2,079.44	\$1,913.68	\$830.00
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$881.00	\$2,851.54	\$2,685.78	\$881.00
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$654.25	\$374.99	\$209.23	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$830.00	\$1,062.72	\$896.96	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$881.00	\$1,529.81	\$1,364.05	\$881.00
Western Health Advantage HMO PLAN											
		SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$654.25	\$304.07	\$138.31	\$654.25
		SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$830.00	\$920.88	\$755.12	\$830.00
		SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$881.00	\$1,345.42	\$1,179.66	\$881.00

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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.