



**BAY AREA
2018 MATRIX**

SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5

									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	\$0.00	VSP	\$779.86	\$333.77	\$446.09	\$446.09	\$333.77
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$0.00	VSP	\$1,559.72	\$415.00	\$1,144.72	\$1,144.72	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$0.00	VSP	\$2,027.64	\$440.50	\$1,587.14	\$1,587.14	\$440.50
32 4010											
BLUE SHIELD ACCESS			HMO								
BA01	860	SELF	1	\$889.02	\$0.00	VSP	\$889.02	\$289.51	\$599.51	\$599.51	\$289.51
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$0.00	VSP	\$1,778.04	\$415.00	\$1,363.04	\$1,363.04	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$0.00	VSP	\$2,311.45	\$440.50	\$1,870.95	\$1,870.95	\$440.50
41 4040											
Athem Blue Cross-PERS CHOICE			PPO 80/20								
CH01	E80	SELF	1	\$800.27	\$0.00	VSP	\$800.27	\$327.13	\$473.15	\$473.15	\$327.13
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$0.00	VSP	\$1,600.54	\$415.00	\$1,185.54	\$1,185.54	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$0.00	VSP	\$2,080.70	\$440.50	\$1,640.20	\$1,640.20	\$440.50
42 4050											
PERS SELECT			PPO 80/20								
SE01	E80	SELF	1	\$717.50	\$0.00	VSP	\$717.50	\$327.13	\$390.38	\$390.37	\$327.13
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$0.00	VSP	\$1,435.00	\$415.00	\$1,020.00	\$1,020.00	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$0.00	VSP	\$1,865.50	\$440.50	\$1,425.00	\$1,425.00	\$440.50
43 4060											
PERS CARE			PPO 90/10								
CA01	E80	SELF	1	\$882.45	\$0.00	VSP	\$882.45	\$327.13	\$555.33	\$555.32	\$327.13
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$0.00	VSP	\$1,764.90	\$415.00	\$1,349.90	\$1,349.90	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$0.00	VSP	\$2,294.37	\$440.50	\$1,853.87	\$1,853.87	\$440.50

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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PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP Revised CAP 4-30-15	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$0.00	VSP	\$856.41	\$327.13	\$529.29	\$529.29	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$0.00	VSP	\$1,712.82	\$415.00	\$1,297.82	\$1,297.82	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$0.00	VSP	\$2,226.67	\$440.50	\$1,786.17	\$1,786.17	\$440.50
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$0.00	VSP	\$925.47	\$327.13	\$598.35	\$598.35	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$0.00	VSP	\$1,850.94	\$415.00	\$1,435.94	\$1,435.94	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$0.00	VSP	\$2,406.22	\$440.50	\$1,965.72	\$1,965.72	\$440.50
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$0.00	VSP	\$1,371.84	\$327.13	\$1,044.72	\$1,044.72	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$0.00	VSP	\$2,743.68	\$415.00	\$2,328.68	\$2,328.68	\$415.00
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$0.00	VSP	\$3,566.78	\$440.50	\$3,126.28	\$3,126.28	\$440.50
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$0.00	VSP	\$863.48	\$327.13	\$536.36	\$536.36	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$0.00	VSP	\$1,726.96	\$415.00	\$1,311.96	\$1,311.96	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$0.00	VSP	\$2,245.05	\$440.50	\$1,804.55	\$1,804.55	\$440.50
Western Health Advantage HMO PLAN											
	SELF	1	\$792.56	\$0.00	VSP	\$792.56	\$327.13	\$465.44	\$465.44	\$327.13	
	SELF + 1 DEPENDENT	2	\$1,585.12	\$0.00	VSP	\$1,585.12	\$415.00	\$1,170.12	\$1,170.12	\$415.00	
	SELF + DEPENDENTS	3	\$2,060.66	\$0.00	VSP	\$2,060.66	\$440.50	\$1,620.16	\$1,620.16	\$440.50	

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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.