



**BAY AREA
2018 MATRIX**

SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.75

									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	\$140.76	\$25.00	\$945.62	\$500.65	\$444.97	\$279.21	\$500.65
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$622.50	\$1,102.98	\$937.22	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$660.75	\$1,532.65	\$1,366.89	\$660.75
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$499.51	\$555.27	\$389.51	\$499.51
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$622.50	\$1,321.30	\$1,155.54	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$660.75	\$1,816.46	\$1,650.70	\$660.75
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$490.69	\$475.34	\$309.58	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$622.50	\$1,143.80	\$978.04	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$660.75	\$1,585.71	\$1,419.95	\$660.75
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$490.69	\$392.57	\$226.81	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$622.50	\$978.26	\$812.50	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$660.75	\$1,370.51	\$1,204.75	\$660.75
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$490.69	\$557.52	\$391.76	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$622.50	\$1,308.16	\$1,142.40	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$660.75	\$1,799.38	\$1,633.62	\$660.75

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	\$490.69	\$531.48	\$365.72	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$622.50	\$1,256.08	\$1,090.32	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$660.75	\$1,731.68	\$1,565.92	\$660.75
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$490.69	\$600.54	\$434.78	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$622.50	\$1,394.20	\$1,228.44	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$660.75	\$1,911.23	\$1,745.47	\$660.75
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$490.69	\$1,046.91	\$881.15	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$622.50	\$2,286.94	\$2,121.18	\$622.50
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$660.75	\$3,071.79	\$2,906.03	\$660.75
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$490.69	\$538.55	\$372.79	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$622.50	\$1,270.22	\$1,104.46	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$660.75	\$1,750.06	\$1,584.30	\$660.75
Western Health Advantage HMO PLAN											
		SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$490.69	\$467.63	\$301.87	\$490.69
		SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$622.50	\$1,128.38	\$962.62	\$622.50
		SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$660.75	\$1,565.67	\$1,399.91	\$660.75

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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.