



**BAY AREA
2018 MATRIX**

SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5625

PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
22 4030				eff 9/30/17	eff 1-1-16		Revised CAP 4-30-15				
KAISER		HMO									
KP01	E80	SELF	1	\$779.86	\$140.76	\$25.00	\$945.62	\$375.49	\$570.13	\$404.37	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$466.88	\$1,258.60	\$1,092.84	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$495.56	\$1,697.84	\$1,532.08	\$495.56
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$374.63	\$680.15	\$514.39	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$466.88	\$1,476.92	\$1,311.16	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$495.56	\$1,981.65	\$1,815.89	\$495.56
41 4040											
Athem Blue Cross- CHOICE		PERS PPO 80/20									
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$368.02	\$598.01	\$432.25	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$466.88	\$1,299.42	\$1,133.66	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$495.56	\$1,750.90	\$1,585.14	\$495.56
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$368.02	\$515.24	\$349.48	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$466.88	\$1,133.88	\$968.12	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$495.56	\$1,535.70	\$1,369.94	\$495.56
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$368.02	\$680.19	\$514.43	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$466.88	\$1,463.78	\$1,298.02	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$495.56	\$1,964.57	\$1,798.81	\$495.56

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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											eff 9/30/17
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$140.76	\$25.00	\$1,022.17	\$368.02	\$654.15	\$488.39	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$466.88	\$1,411.70	\$1,245.94	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$495.56	\$1,896.87	\$1,731.11	\$495.56
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$368.02	\$723.21	\$557.45	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$466.88	\$1,549.82	\$1,384.06	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$495.56	\$2,076.42	\$1,910.66	\$495.56
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$368.02	\$1,169.58	\$1,003.82	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$466.88	\$2,442.56	\$2,276.80	\$466.88
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$495.56	\$3,236.98	\$3,071.22	\$495.56
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$368.02	\$661.22	\$495.46	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$466.88	\$1,425.84	\$1,260.08	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$495.56	\$1,915.25	\$1,749.49	\$495.56
Western Health Advantage HMO PLAN											
	SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$368.02	\$590.30	\$424.54	\$368.02	
	SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$466.88	\$1,284.00	\$1,118.24	\$466.88	
	SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$495.56	\$1,730.86	\$1,565.10	\$495.56	

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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.