



**BAY AREA
2018 MATRIX**

SUPV 7 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.875

									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	\$584.09	\$361.53	\$195.77	\$584.09
	D80	SELF + 1 DEPENDENT	2	\$1,559.72	\$140.76	\$25.00	\$1,725.48	\$726.25	\$999.23	\$833.47	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,027.64	\$140.76	\$25.00	\$2,193.40	\$770.88	\$1,422.52	\$1,256.76	\$770.88
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$889.02	\$140.76	\$25.00	\$1,054.78	\$582.76	\$472.02	\$306.26	\$582.76
	D80	SELF + 1 DEPENDENT	2	\$1,778.04	\$140.76	\$25.00	\$1,943.80	\$726.25	\$1,217.55	\$1,051.79	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,311.45	\$140.76	\$25.00	\$2,477.21	\$770.88	\$1,706.33	\$1,540.57	\$770.88
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E80	SELF	1	\$800.27	\$140.76	\$25.00	\$966.03	\$572.47	\$393.56	\$227.80	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,600.54	\$140.76	\$25.00	\$1,766.30	\$726.25	\$1,040.05	\$874.29	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,080.70	\$140.76	\$25.00	\$2,246.46	\$770.88	\$1,475.58	\$1,309.82	\$770.88
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$717.50	\$140.76	\$25.00	\$883.26	\$572.47	\$310.79	\$145.03	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,435.00	\$140.76	\$25.00	\$1,600.76	\$726.25	\$874.51	\$708.75	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,865.50	\$140.76	\$25.00	\$2,031.26	\$770.88	\$1,260.38	\$1,094.62	\$770.88
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$882.45	\$140.76	\$25.00	\$1,048.21	\$572.47	\$475.74	\$309.98	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,764.90	\$140.76	\$25.00	\$1,930.66	\$726.25	\$1,204.41	\$1,038.65	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,294.37	\$140.76	\$25.00	\$2,460.13	\$770.88	\$1,689.25	\$1,523.49	\$770.88

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	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$140.76	\$25.00	\$1,022.17	\$572.47	\$449.70	\$283.94	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$140.76	\$25.00	\$1,878.58	\$726.25	\$1,152.33	\$986.57	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$140.76	\$25.00	\$2,392.43	\$770.88	\$1,621.55	\$1,455.79	\$770.88
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$140.76	\$25.00	\$1,091.23	\$572.47	\$518.76	\$353.00	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$140.76	\$25.00	\$2,016.70	\$726.25	\$1,290.45	\$1,124.69	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$140.76	\$25.00	\$2,571.98	\$770.88	\$1,801.10	\$1,635.34	\$770.88
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$140.76	\$25.00	\$1,537.60	\$572.47	\$965.13	\$799.37	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$140.76	\$25.00	\$2,909.44	\$726.25	\$2,183.19	\$2,017.43	\$726.25
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$140.76	\$25.00	\$3,732.54	\$770.88	\$2,961.66	\$2,795.90	\$770.88
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$863.48	\$140.76	\$25.00	\$1,029.24	\$572.47	\$456.77	\$291.01	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$140.76	\$25.00	\$1,892.72	\$726.25	\$1,166.47	\$1,000.71	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$140.76	\$25.00	\$2,410.81	\$770.88	\$1,639.93	\$1,474.17	\$770.88
Western Health Advantage HMO PLAN											
		SELF	1	\$792.56	\$140.76	\$25.00	\$958.32	\$572.47	\$385.85	\$220.09	\$572.47
		SELF + 1 DEPENDENT	2	\$1,585.12	\$140.76	\$25.00	\$1,750.88	\$726.25	\$1,024.63	\$858.87	\$726.25
		SELF + DEPENDENTS	3	\$2,060.66	\$140.76	\$25.00	\$2,226.42	\$770.88	\$1,455.54	\$1,289.78	\$770.88

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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.