



**BAY AREA
2018 MATRIX**

.9250-.9749

LPPA 95% EMPLOYEES WITH 2016 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
				eff 9/30/17	eff 9-1-15					
22 4030										
KAISER HMO										
KP01	E70	SELF	\$779.86	\$145.66	\$25.00	\$950.52	\$733.45	\$217.07	\$46.41	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$733.45	\$996.93	\$826.27	\$733.45
	F70	SELF + DEPENDENTS	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$733.45	\$1,464.85	\$1,294.19	\$733.45
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E70	SELF	\$889.02	\$145.66	\$25.00	\$1,059.68	\$733.45	\$326.23	\$155.57	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$733.45	\$1,215.25	\$1,044.59	\$733.45
	F70	SELF + DEPENDENTS	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$733.45	\$1,748.66	\$1,578.00	\$733.45
41 4040										
Athem Blue Cross- PERS CHOICE PPO 80/20										
CH01	E70	SELF	\$800.27	\$145.66	\$25.00	\$970.93	\$733.45	\$237.48	\$66.82	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$733.45	\$1,037.75	\$867.09	\$733.45
	F70	SELF + DEPENDENTS	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$733.45	\$1,517.91	\$1,347.25	\$733.45
42 4050										
PERS SELECT PPO 80/20										
SE01	E70	SELF	\$717.50	\$145.66	\$25.00	\$888.16	\$733.45	\$154.71	\$0.00	\$717.50
	D70	SELF + 1 DEPENDENT	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$733.45	\$872.21	\$701.55	\$733.45
	F70	SELF + DEPENDENTS	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$733.45	\$1,302.71	\$1,132.05	\$733.45
43 4060										
PERS CARE PPO 90/10										
CA01	E70	SELF	\$882.45	\$145.66	\$25.00	\$1,053.11	\$733.45	\$319.66	\$149.00	\$733.45
	D70	SELF + 1 DEPENDENT	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$733.45	\$1,202.11	\$1,031.45	\$733.45
	F70	SELF + DEPENDENTS	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$733.45	\$1,731.58	\$1,560.92	\$733.45

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.



**BAY AREA
2018 MATRIX**

LPPA 95% EMPLOYEES WITH 2009/2010 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	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$145.66	\$25.00	\$1,027.07	\$733.45	\$293.62	\$122.96	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$733.45	\$1,150.03	\$979.37	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$733.45	\$1,663.88	\$1,493.22	\$733.45
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$733.45	\$362.68	\$192.02	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$733.45	\$1,288.15	\$1,117.49	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$733.45	\$1,843.43	\$1,672.77	\$733.45
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$733.45	\$809.05	\$638.39	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$733.45	\$2,180.89	\$2,010.23	\$733.45
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$733.45	\$3,003.99	\$2,833.33	\$733.45
Health Net Smart Care HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$ 1,034.14	\$733.45	\$ 300.69	\$130.03	\$733.45
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$ 1,897.62	\$733.45	\$ 1,164.17	\$993.51	\$733.45
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$733.45	\$ 1,682.26	\$1,511.60	\$733.45
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$733.45	\$ 229.77	\$59.11	\$733.45
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$733.45	\$ 1,022.33	\$851.67	\$733.45
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$733.45	\$ 1,497.87	\$1,327.21	\$733.45

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**

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.