



**BAY AREA
2018 MATRIX**

.6250-.6749

LPPA 65% 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	1	\$779.86	\$145.66	\$25.00	\$950.52	\$501.83	\$448.69	\$278.03	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$501.83	\$1,228.55	\$1,057.89	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$501.83	\$1,696.47	\$1,525.81	\$501.83
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$501.83	\$557.85	\$387.19	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$501.83	\$1,446.87	\$1,276.21	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$501.83	\$1,980.28	\$1,809.62	\$501.83
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$501.83	\$469.10	\$298.44	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$501.83	\$1,269.37	\$1,098.71	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$501.83	\$1,749.53	\$1,578.87	\$501.83
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$501.83	\$386.33	\$215.67	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$501.83	\$1,103.83	\$933.17	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$501.83	\$1,534.33	\$1,363.67	\$501.83
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$501.83	\$551.28	\$380.62	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$501.83	\$1,433.73	\$1,263.07	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$501.83	\$1,963.20	\$1,792.54	\$501.83

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	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$856.41	\$145.66	\$25.00	\$1,027.07	\$501.83	\$525.24	\$354.58	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$501.83	\$1,381.65	\$1,210.99	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$501.83	\$1,895.50	\$1,724.84	\$501.83
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$501.83	\$594.30	\$423.64	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$501.83	\$1,519.77	\$1,349.11	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$501.83	\$2,075.05	\$1,904.39	\$501.83
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$501.83	\$1,040.67	\$870.01	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$501.83	\$2,412.51	\$2,241.85	\$501.83
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$501.83	\$3,235.61	\$3,064.95	\$501.83
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$501.83	\$ 532.31	\$361.65	\$501.83
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$501.83	\$ 1,395.79	\$1,225.13	\$501.83
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$501.83	\$ 1,913.88	\$1,743.22	\$501.83
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$501.83	\$ 461.39	\$290.73	\$501.83
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$501.83	\$ 1,253.95	\$1,083.29	\$501.83
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$501.83	\$ 1,729.49	\$1,558.83	\$501.83

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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.