



**BAY AREA
2018 MATRIX**

.8750-.9249

LPPA 90% 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	\$694.85	\$255.67	\$85.01	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$694.85	\$1,035.53	\$864.87	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$694.85	\$1,503.45	\$1,332.79	\$694.85
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$694.85	\$364.83	\$194.17	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$694.85	\$1,253.85	\$1,083.19	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$694.85	\$1,787.26	\$1,616.60	\$694.85
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$694.85	\$276.08	\$105.42	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$694.85	\$1,076.35	\$905.69	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$694.85	\$1,556.51	\$1,385.85	\$694.85
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$694.85	\$193.31	\$22.65	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$694.85	\$910.81	\$740.15	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$694.85	\$1,341.31	\$1,170.65	\$694.85
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$694.85	\$358.26	\$187.60	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$694.85	\$1,240.71	\$1,070.05	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$694.85	\$1,770.18	\$1,599.52	\$694.85

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	\$694.85	\$332.22	\$161.56	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$694.85	\$1,188.63	\$1,017.97	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$694.85	\$1,702.48	\$1,531.82	\$694.85
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$694.85	\$401.28	\$230.62	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$694.85	\$1,326.75	\$1,156.09	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$694.85	\$1,882.03	\$1,711.37	\$694.85
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$694.85	\$847.65	\$676.99	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$694.85	\$2,219.49	\$2,048.83	\$694.85
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$694.85	\$3,042.59	\$2,871.93	\$694.85
Health Net SmartCare											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$ 1,034.14	\$694.85	\$ 339.29	\$168.63	\$694.85
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$ 1,897.62	\$694.85	\$ 1,202.77	\$1,032.11	\$694.85
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$ 2,415.71	\$694.85	\$ 1,720.86	\$1,550.20	\$694.85
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$694.85	\$ 268.37	\$97.71	\$694.85
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$694.85	\$ 1,060.93	\$890.27	\$694.85
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$694.85	\$ 1,536.47	\$1,365.81	\$694.85

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.