

**BAY AREA
2018 MATRIX**

.6750-.7249



LPPA 70% 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 | \$540.44 | \$410.08 | \$239.42 | \$540.44 |
| | D70 | SELF + 1 DEPENDENT | 2 | \$1,559.72 | \$145.66 | \$25.00 | \$1,730.38 | \$540.44 | \$1,189.94 | \$1,019.28 | \$540.44 |
| | F70 | SELF + DEPENDENTS | 3 | \$2,027.64 | \$145.66 | \$25.00 | \$2,198.30 | \$540.44 | \$1,657.86 | \$1,487.20 | \$540.44 |
| 32 4010 | | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | | |
| BA01 | E70 | SELF | 1 | \$889.02 | \$145.66 | \$25.00 | \$1,059.68 | \$540.44 | \$519.24 | \$348.58 | \$540.44 |
| | D70 | SELF + 1 DEPENDENT | 2 | \$1,778.04 | \$145.66 | \$25.00 | \$1,948.70 | \$540.44 | \$1,408.26 | \$1,237.60 | \$540.44 |
| | F70 | SELF + DEPENDENTS | 3 | \$2,311.45 | \$145.66 | \$25.00 | \$2,482.11 | \$540.44 | \$1,941.67 | \$1,771.01 | \$540.44 |
| 41 4040 | | | | | | | | | | | |
| Athem Blue Cross-CHOICE PERS PPO 80/20 | | | | | | | | | | | |
| CH01 | E70 | SELF | 1 | \$800.27 | \$145.66 | \$25.00 | \$970.93 | \$540.44 | \$430.49 | \$259.83 | \$540.44 |
| | D70 | SELF + 1 DEPENDENT | 2 | \$1,600.54 | \$145.66 | \$25.00 | \$1,771.20 | \$540.44 | \$1,230.76 | \$1,060.10 | \$540.44 |
| | F70 | SELF + DEPENDENTS | 3 | \$2,080.70 | \$145.66 | \$25.00 | \$2,251.36 | \$540.44 | \$1,710.92 | \$1,540.26 | \$540.44 |
| 42 4050 | | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | | |
| SE01 | E70 | SELF | 1 | \$717.50 | \$145.66 | \$25.00 | \$888.16 | \$540.44 | \$347.72 | \$177.06 | \$540.44 |
| | D70 | SELF + 1 DEPENDENT | 2 | \$1,435.00 | \$145.66 | \$25.00 | \$1,605.66 | \$540.44 | \$1,065.22 | \$894.56 | \$540.44 |
| | F70 | SELF + DEPENDENTS | 3 | \$1,865.50 | \$145.66 | \$25.00 | \$2,036.16 | \$540.44 | \$1,495.72 | \$1,325.06 | \$540.44 |
| 43 4060 | | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | | |
| CA01 | E70 | SELF | 1 | \$882.45 | \$145.66 | \$25.00 | \$1,053.11 | \$540.44 | \$512.67 | \$342.01 | \$540.44 |
| | D70 | SELF + 1 DEPENDENT | 2 | \$1,764.90 | \$145.66 | \$25.00 | \$1,935.56 | \$540.44 | \$1,395.12 | \$1,224.46 | \$540.44 |
| | F70 | SELF + DEPENDENTS | 3 | \$2,294.37 | \$145.66 | \$25.00 | \$2,465.03 | \$540.44 | \$1,924.59 | \$1,753.93 | \$540.44 |

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 70% 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 | | | | | | |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$856.41 | \$145.66 | \$25.00 | \$1,027.07 | \$540.44 | \$486.63 | \$315.97 | \$540.44 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,712.82 | \$145.66 | \$25.00 | \$1,883.48 | \$540.44 | \$1,343.04 | \$1,172.38 | \$540.44 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,226.67 | \$145.66 | \$25.00 | \$2,397.33 | \$540.44 | \$1,856.89 | \$1,686.23 | \$540.44 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$925.47 | \$145.66 | \$25.00 | \$1,096.13 | \$540.44 | \$555.69 | \$385.03 | \$540.44 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,850.94 | \$145.66 | \$25.00 | \$2,021.60 | \$540.44 | \$1,481.16 | \$1,310.50 | \$540.44 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,406.22 | \$145.66 | \$25.00 | \$2,576.88 | \$540.44 | \$2,036.44 | \$1,865.78 | \$540.44 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$1,371.84 | \$145.66 | \$25.00 | \$1,542.50 | \$540.44 | \$1,002.06 | \$831.40 | \$540.44 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$2,743.68 | \$145.66 | \$25.00 | \$2,914.34 | \$540.44 | \$2,373.90 | \$2,203.24 | \$540.44 |
| | F20 | SELF + DEPENDENTS | 3 | \$3,566.78 | \$145.66 | \$25.00 | \$3,737.44 | \$540.44 | \$3,197.00 | \$3,026.34 | \$540.44 |
| Health Net SmartCare HMO PLAN | | | | | | | | | | | |
| | | SELF | 1 | \$ 863.48 | \$145.66 | \$25.00 | \$1,034.14 | \$540.44 | \$ 493.70 | \$323.04 | \$540.44 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,726.96 | \$145.66 | \$25.00 | \$1,897.62 | \$540.44 | \$ 1,357.18 | \$1,186.52 | \$540.44 |
| | | SELF + DEPENDENTS | 3 | \$ 2,245.05 | \$145.66 | \$25.00 | \$2,415.71 | \$540.44 | \$ 1,875.27 | \$1,704.61 | \$540.44 |
| Western Health Advantage HMO PLAN | | | | | | | | | | | |
| | | SELF | 1 | \$ 792.56 | \$145.66 | \$25.00 | \$963.22 | \$540.44 | \$ 422.78 | \$252.12 | \$540.44 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,585.12 | \$145.66 | \$25.00 | \$1,755.78 | \$540.44 | \$ 1,215.34 | \$1,044.68 | \$540.44 |
| | | SELF + DEPENDENTS | 3 | \$ 2,060.66 | \$145.66 | \$25.00 | \$2,231.32 | \$540.44 | \$ 1,690.88 | \$1,520.22 | \$540.44 |

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.