

**BAY AREA  
2018 MATRIX**

.7750-.8249



**LPPA 80% 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						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$779.86	\$145.66	\$25.00	\$950.52	\$617.64	\$332.88	\$162.22	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$617.64	\$1,112.74	\$942.08	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$617.64	\$1,580.66	\$1,410.00	\$617.64
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$617.64	\$442.04	\$271.38	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$617.64	\$1,331.06	\$1,160.40	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$617.64	\$1,864.47	\$1,693.81	\$617.64
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$617.64	\$353.29	\$182.63	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$617.64	\$1,153.56	\$982.90	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$617.64	\$1,633.72	\$1,463.06	\$617.64
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$617.64	\$270.52	\$99.86	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$617.64	\$988.02	\$817.36	\$617.64
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$617.64	\$1,418.52	\$1,247.86	\$617.64
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$617.64	\$435.47	\$264.81	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$617.64	\$1,317.92	\$1,147.26	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$617.64	\$1,847.39	\$1,676.73	\$617.64

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 80% 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						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$145.66	\$25.00	\$1,027.07	\$617.64	\$409.43	\$238.77	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$617.64	\$1,265.84	\$1,095.18	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$617.64	\$1,779.69	\$1,609.03	\$617.64
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$617.64	\$478.49	\$307.83	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$617.64	\$1,403.96	\$1,233.30	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$617.64	\$1,959.24	\$1,788.58	\$617.64
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$617.64	\$924.86	\$754.20	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$617.64	\$2,296.70	\$2,126.04	\$617.64
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$617.64	\$3,119.80	\$2,949.14	\$617.64
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$617.64	\$ 416.50	\$245.84	\$617.64
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$617.64	\$ 1,279.98	\$1,109.32	\$617.64
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$617.64	\$ 1,798.07	\$1,627.41	\$617.64
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$617.64	\$ 345.58	\$174.92	\$617.64
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$617.64	\$ 1,138.14	\$967.48	\$617.64
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$617.64	\$ 1,613.68	\$1,443.02	\$617.64

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.