



**BAY AREA
2018 MATRIX**

.7250-.7749

LPPA 75% 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	\$579.04	\$371.48	\$200.82	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$579.04	\$1,151.34	\$980.68	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$579.04	\$1,619.26	\$1,448.60	\$579.04
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$579.04	\$480.64	\$309.98	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$579.04	\$1,369.66	\$1,199.00	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$579.04	\$1,903.07	\$1,732.41	\$579.04
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$579.04	\$391.89	\$221.23	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$579.04	\$1,192.16	\$1,021.50	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$579.04	\$1,672.32	\$1,501.66	\$579.04
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$579.04	\$309.12	\$138.46	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$579.04	\$1,026.62	\$855.96	\$579.04
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$579.04	\$1,457.12	\$1,286.46	\$579.04
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$579.04	\$474.07	\$303.41	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$579.04	\$1,356.52	\$1,185.86	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$579.04	\$1,885.99	\$1,715.33	\$579.04

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	\$579.04	\$448.03	\$277.37	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$579.04	\$1,304.44	\$1,133.78	\$579.04
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$579.04	\$1,818.29	\$1,647.63	\$579.04
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$579.04	\$517.09	\$346.43	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$579.04	\$1,442.56	\$1,271.90	\$579.04
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$579.04	\$1,997.84	\$1,827.18	\$579.04
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$579.04	\$963.46	\$792.80	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$579.04	\$2,335.30	\$2,164.64	\$579.04
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$579.04	\$3,158.40	\$2,987.74	\$579.04
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$579.04	\$ 455.10	\$284.44	\$579.04
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$579.04	\$ 1,318.58	\$1,147.92	\$579.04
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$579.04	\$ 1,836.67	\$1,666.01	\$579.04
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$579.04	\$ 384.18	\$213.52	\$579.04
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$579.04	\$ 1,176.74	\$1,006.08	\$579.04
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$579.04	\$ 1,652.28	\$1,481.62	\$579.04

rates are subject to change throughout the year

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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.