



**BAY AREA  
2018 MATRIX**

.8250-.8749

**LPPA 85% 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	\$779.86	\$145.66	\$25.00	\$950.52	\$656.24	\$294.28	\$123.62	\$656.24
	D70	SELF + 1 DEPENDENT	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$656.24	\$1,074.14	\$903.48	\$656.24
	F70	SELF + DEPENDENTS	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$656.24	\$1,542.06	\$1,371.40	\$656.24
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E70	SELF	\$889.02	\$145.66	\$25.00	\$1,059.68	\$656.24	\$403.44	\$232.78	\$656.24
	D70	SELF + 1 DEPENDENT	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$656.24	\$1,292.46	\$1,121.80	\$656.24
	F70	SELF + DEPENDENTS	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$656.24	\$1,825.87	\$1,655.21	\$656.24
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80//20</b>										
CH01	E70	SELF	\$800.27	\$145.66	\$25.00	\$970.93	\$656.24	\$314.69	\$144.03	\$656.24
	D70	SELF + 1 DEPENDENT	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$656.24	\$1,114.96	\$944.30	\$656.24
	F70	SELF + DEPENDENTS	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$656.24	\$1,595.12	\$1,424.46	\$656.24
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E70	SELF	\$717.50	\$145.66	\$25.00	\$888.16	\$656.24	\$231.92	\$61.26	\$656.24
	D70	SELF + 1 DEPENDENT	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$656.24	\$949.42	\$778.76	\$656.24
	F70	SELF + DEPENDENTS	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$656.24	\$1,379.92	\$1,209.26	\$656.24
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E70	SELF	\$882.45	\$145.66	\$25.00	\$1,053.11	\$656.24	\$396.87	\$226.21	\$656.24
	D70	SELF + 1 DEPENDENT	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$656.24	\$1,279.32	\$1,108.66	\$656.24
	F70	SELF + DEPENDENTS	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$656.24	\$1,808.79	\$1,638.13	\$656.24

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						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$145.66	\$25.00	\$1,027.07	\$656.24	\$370.83	\$200.17	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$656.24	\$1,227.24	\$1,056.58	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$656.24	\$1,741.09	\$1,570.43	\$656.24
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$656.24	\$439.89	\$269.23	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$656.24	\$1,365.36	\$1,194.70	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$656.24	\$1,920.64	\$1,749.98	\$656.24
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$656.24	\$886.26	\$715.60	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$656.24	\$2,258.10	\$2,087.44	\$656.24
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$656.24	\$3,081.20	\$2,910.54	\$656.24
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$656.24	\$ 377.90	\$207.24	\$656.24
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$656.24	\$ 1,241.38	\$1,070.72	\$656.24
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$656.24	\$ 1,759.47	\$1,588.81	\$656.24
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$656.24	\$ 306.98	\$136.32	\$656.24
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$656.24	\$ 1,099.54	\$928.88	\$656.24
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$656.24	\$ 1,575.08	\$1,404.42	\$656.24

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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.