



**BAY AREA
2018 MATRIX**

.50-.5249

LPPA 50% 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	\$386.03	\$564.49	\$393.83	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$386.03	\$1,344.35	\$1,173.69	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$386.03	\$1,812.27	\$1,641.61	\$386.03
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$386.03	\$673.65	\$502.99	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$386.03	\$1,562.67	\$1,392.01	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$386.03	\$2,096.08	\$1,925.42	\$386.03
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$386.03	\$584.90	\$414.24	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$386.03	\$1,385.17	\$1,214.51	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$386.03	\$1,865.33	\$1,694.67	\$386.03
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$386.03	\$502.13	\$331.47	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$386.03	\$1,219.63	\$1,048.97	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$386.03	\$1,650.13	\$1,479.47	\$386.03
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$386.03	\$667.08	\$496.42	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$386.03	\$1,549.53	\$1,378.87	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$386.03	\$2,079.00	\$1,908.34	\$386.03

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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										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	\$386.03	\$641.04	\$470.38	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$386.03	\$1,497.45	\$1,326.79	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$386.03	\$2,011.30	\$1,840.64	\$386.03
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$386.03	\$710.10	\$539.44	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$386.03	\$1,635.57	\$1,464.91	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$386.03	\$2,190.85	\$2,020.19	\$386.03
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$386.03	\$1,156.47	\$985.81	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$386.03	\$2,528.31	\$2,357.65	\$386.03
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$386.03	\$3,351.41	\$3,180.75	\$386.03
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$ 1,034.14	\$386.03	\$ 648.11	\$477.45	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$ 1,897.62	\$386.03	\$ 1,511.59	\$1,340.93	\$386.03
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$ 2,415.71	\$386.03	\$ 2,029.68	\$1,859.02	\$386.03
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$386.03	\$ 577.19	\$406.53	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$386.03	\$ 1,369.75	\$1,199.09	\$386.03
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$386.03	\$ 1,845.29	\$1,674.63	\$386.03

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.