

**BAY AREA  
2018 MATRIX**

.975-100



**LPPA 100% 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	
				*MANDATORY	*MANDATORY						
				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	\$772.05	\$178.47	\$7.81	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$772.05	\$958.33	\$787.67	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$772.05	\$1,426.25	\$1,255.59	\$772.05
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$772.05	\$287.63	\$116.97	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$772.05	\$1,176.65	\$1,005.99	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$772.05	\$1,710.06	\$1,539.40	\$772.05
<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	\$772.05	\$198.88	\$28.22	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$772.05	\$999.15	\$828.49	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$772.05	\$1,479.31	\$1,308.65	\$772.05
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$772.05	\$116.11	\$0.00	\$717.50
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$772.05	\$833.61	\$662.95	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$772.05	\$1,264.11	\$1,093.45	\$772.05
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$772.05	\$281.06	\$110.40	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$772.05	\$1,163.51	\$992.85	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$772.05	\$1,692.98	\$1,522.32	\$772.05

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**

.975-100



**LPPA 100% 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
				*MANDATORY	*MANDATORY						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$145.66	\$25.00	\$1,027.07	\$772.05	\$255.02	\$84.36	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$772.05	\$1,111.43	\$940.77	\$772.05
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$772.05	\$1,625.28	\$1,454.62	\$772.05
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$772.05	\$324.08	\$153.42	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$772.05	\$1,249.55	\$1,078.89	\$772.05
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$772.05	\$1,804.83	\$1,634.17	\$772.05
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$772.05	\$770.45	\$599.79	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$772.05	\$2,142.29	\$1,971.63	\$772.05
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$772.05	\$2,965.39	\$2,794.73	\$772.05
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$772.05	\$ 262.09	\$91.43	\$772.05
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$772.05	\$ 1,125.57	\$954.91	\$772.05
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$772.05	\$ 1,643.66	\$1,473.00	\$772.05
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$772.05	\$ 191.17	\$20.51	\$772.05
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$772.05	\$ 983.73	\$813.07	\$772.05
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$772.05	\$ 1,459.27	\$1,288.61	\$772.05

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.