



**BAY AREA
2018 MATRIX**

.5250-.5749

LPPA 55% 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	\$424.63	\$525.89	\$355.23	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$424.63	\$1,305.75	\$1,135.09	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$424.63	\$1,773.67	\$1,603.01	\$424.63
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$424.63	\$635.05	\$464.39	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$424.63	\$1,524.07	\$1,353.41	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$424.63	\$2,057.48	\$1,886.82	\$424.63
41 4040											
Athem Blue Cross-PERS CHOICE		PPO 80/10									
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$424.63	\$546.30	\$375.64	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$424.63	\$1,346.57	\$1,175.91	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$424.63	\$1,826.73	\$1,656.07	\$424.63
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$424.63	\$463.53	\$292.87	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$424.63	\$1,181.03	\$1,010.37	\$424.63
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$424.63	\$1,611.53	\$1,440.87	\$424.63
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$424.63	\$628.48	\$457.82	\$424.63
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$424.63	\$1,510.93	\$1,340.27	\$424.63
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$424.63	\$2,040.40	\$1,869.74	\$424.63

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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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	\$424.63	\$602.44	\$431.78	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$424.63	\$1,458.85	\$1,288.19	\$424.63
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$424.63	\$1,972.70	\$1,802.04	\$424.63
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$424.63	\$671.50	\$500.84	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$424.63	\$1,596.97	\$1,426.31	\$424.63
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$424.63	\$2,152.25	\$1,981.59	\$424.63
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$424.63	\$1,117.87	\$947.21	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$424.63	\$2,489.71	\$2,319.05	\$424.63
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$424.63	\$3,312.81	\$3,142.15	\$424.63
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$424.63	\$ 609.51	\$438.85	\$424.63
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$424.63	\$ 1,472.99	\$1,302.33	\$424.63
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$424.63	\$ 1,991.08	\$1,820.42	\$424.63
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$424.63	\$ 538.59	\$367.93	\$424.63
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$424.63	\$ 1,331.15	\$1,160.49	\$424.63
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$424.63	\$ 1,806.69	\$1,636.03	\$424.63

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.