

**BAY AREA
2018 MATRIX**

.5750-.6249



LPPA 60% 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	\$463.23	\$487.29	\$316.63	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$463.23	\$1,267.15	\$1,096.49	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$463.23	\$1,735.07	\$1,564.41	\$463.23
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$889.02	\$145.66	\$25.00	\$1,059.68	\$463.23	\$596.45	\$425.79	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,778.04	\$145.66	\$25.00	\$1,948.70	\$463.23	\$1,485.47	\$1,314.81	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,311.45	\$145.66	\$25.00	\$2,482.11	\$463.23	\$2,018.88	\$1,848.22	\$463.23
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$463.23	\$507.70	\$337.04	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$463.23	\$1,307.97	\$1,137.31	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$463.23	\$1,788.13	\$1,617.47	\$463.23
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$463.23	\$424.93	\$254.27	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$463.23	\$1,142.43	\$971.77	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$463.23	\$1,572.93	\$1,402.27	\$463.23
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$882.45	\$145.66	\$25.00	\$1,053.11	\$463.23	\$589.88	\$419.22	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,764.90	\$145.66	\$25.00	\$1,935.56	\$463.23	\$1,472.33	\$1,301.67	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,294.37	\$145.66	\$25.00	\$2,465.03	\$463.23	\$2,001.80	\$1,831.14	\$463.23

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	\$463.23	\$563.84	\$393.18	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$463.23	\$1,420.25	\$1,249.59	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$145.66	\$25.00	\$2,397.33	\$463.23	\$1,934.10	\$1,763.44	\$463.23
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$925.47	\$145.66	\$25.00	\$1,096.13	\$463.23	\$632.90	\$462.24	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$463.23	\$1,558.37	\$1,387.71	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$463.23	\$2,113.65	\$1,942.99	\$463.23
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$463.23	\$1,079.27	\$908.61	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$463.23	\$2,451.11	\$2,280.45	\$463.23
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$463.23	\$3,274.21	\$3,103.55	\$463.23
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 863.48	\$145.66	\$25.00	\$1,034.14	\$463.23	\$ 570.91	\$400.25	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,726.96	\$145.66	\$25.00	\$1,897.62	\$463.23	\$ 1,434.39	\$1,263.73	\$463.23
		SELF + DEPENDENTS	3	\$ 2,245.05	\$145.66	\$25.00	\$2,415.71	\$463.23	\$ 1,952.48	\$1,781.82	\$463.23
Western Health Advantage HMO PLAN											
		SELF	1	\$ 792.56	\$145.66	\$25.00	\$963.22	\$463.23	\$ 499.99	\$329.33	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,585.12	\$145.66	\$25.00	\$1,755.78	\$463.23	\$ 1,292.55	\$1,121.89	\$463.23
		SELF + DEPENDENTS	3	\$ 2,060.66	\$145.66	\$25.00	\$2,231.32	\$463.23	\$ 1,768.09	\$1,597.43	\$463.23

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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.