



BAY AREA

2018 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP * | EMPLOYEE COST PER MONTH |
|------------------|----------------------------|-------|-------------|-------------|------------|----------------|----------------|-------------------------|
| | | | | Eff 9-30-17 | eff 1-1-16 | | | |
| KAISER | HMO | | | | | | | |
| E30 | SINGLE | 1 | \$ 779.86 | \$140.76 | \$ 20.00 | \$ 940.62 | \$ - | \$ 940.62 |
| D30 | 2-PARTY | 2 | \$ 1,559.72 | \$140.76 | \$ 20.00 | \$ 1,720.48 | \$ - | \$ 1,720.48 |
| F30 | FAMILY | 3 | \$ 2,027.64 | \$140.76 | \$ 20.00 | \$ 2,188.40 | \$ - | \$ 2,188.40 |
| | Blue Shield Access+ | | | | | | | |
| | HMO | | | | | | | |
| | SINGLE | 1 | \$ 889.02 | \$140.76 | \$ 20.00 | \$ 1,049.78 | \$ - | \$ 1,049.78 |
| | 2-PARTY | 2 | \$ 1,778.04 | \$140.76 | \$ 20.00 | \$ 1,938.80 | \$ - | \$ 1,938.80 |
| | FAMILY | 3 | \$ 2,311.45 | \$140.76 | \$ 20.00 | \$ 2,472.21 | \$ - | \$ 2,472.21 |
| | PERS Choice | | | | | | | |
| | PPO 80/20 | | | | | | | |
| | SINGLE | 1 | \$ 800.27 | \$140.76 | \$ 20.00 | \$ 961.03 | \$ - | \$ 961.03 |
| | 2-PARTY | 2 | \$ 1,600.54 | \$140.76 | \$ 20.00 | \$ 1,761.30 | \$ - | \$ 1,761.30 |
| | FAMILY | 3 | \$ 2,080.70 | \$140.76 | \$ 20.00 | \$ 2,241.46 | \$ - | \$ 2,241.46 |
| | PERS Select | | | | | | | |
| | PPO 80/20 | | | | | | | |
| | SINGLE | 1 | \$ 717.50 | \$140.76 | \$ 20.00 | \$ 878.26 | \$ - | \$ 878.26 |
| | 2-PARTY | 2 | \$ 1,435.00 | \$140.76 | \$ 20.00 | \$ 1,595.76 | \$ - | \$ 1,595.76 |
| | FAMILY | 3 | \$ 1,865.50 | \$140.76 | \$ 20.00 | \$ 2,026.26 | \$ - | \$ 2,026.26 |
| | PERSCare | | | | | | | |
| | PPO 90/10 | | | | | | | |
| | SINGLE | 1 | \$ 882.45 | \$140.76 | \$ 20.00 | \$ 1,043.21 | \$ - | \$ 1,043.21 |
| | 2-PARTY | 2 | \$ 1,764.90 | \$140.76 | \$ 20.00 | \$ 1,925.66 | \$ - | \$ 1,925.66 |
| | FAMILY | 3 | \$ 2,294.37 | \$140.76 | \$ 20.00 | \$ 2,455.13 | \$ - | \$ 2,455.13 |

E31 = Health only
 E32 = Health and Dental
 E33 = Health and Vision



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| MEDICAL PROVIDER | | PLAN | TIERS | MEDICAL | DENTAL Eff 9-30-17 | VISION eff 1-1-16 | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH |
|-----------------------------------|-----|--------------------|-------|-------------|-----------------------|----------------------|-------------------|-----------------|----------------------------|
| Anthem HMO Select | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$ 856.41 | \$140.76 | \$ 20.00 | \$ 1,017.17 | \$ - | \$ 1,017.17 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$ 1,712.82 | \$140.76 | \$ 20.00 | \$ 1,873.58 | \$ - | \$ 1,873.58 |
| | F20 | SELF + DEPENDENTS | 3 | \$ 2,226.67 | \$140.76 | \$ 20.00 | \$ 2,387.43 | \$ - | \$ 2,387.43 |
| Anthem HMO Traditional | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$ 925.47 | \$140.76 | \$ 20.00 | \$ 1,086.23 | \$ - | \$ 1,086.23 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$ 1,850.94 | \$140.76 | \$ 20.00 | \$ 2,011.70 | \$ - | \$ 2,011.70 |
| | F20 | SELF + DEPENDENTS | 3 | \$ 2,406.22 | \$140.76 | \$ 20.00 | \$ 2,566.98 | \$ - | \$ 2,566.98 |
| United HealthCare HMO PLAN | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$ 1,371.84 | \$140.76 | \$ 20.00 | \$ 1,532.60 | \$ - | \$ 1,532.60 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$ 2,743.68 | \$140.76 | \$ 20.00 | \$ 2,904.44 | \$ - | \$ 2,904.44 |
| | F20 | SELF + DEPENDENTS | 3 | \$ 3,566.78 | \$140.76 | \$ 20.00 | \$ 3,727.54 | \$ - | \$ 3,727.54 |
| Health Net SmartCare | | | | | | | | | |
| | | SELF | 1 | \$ 863.48 | \$140.76 | \$ 20.00 | \$ 1,024.24 | \$ - | \$ 1,024.24 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,726.96 | \$140.76 | \$ 20.00 | \$ 1,887.72 | \$ - | \$ 1,887.72 |
| | | SELF + DEPENDENTS | 3 | \$ 2,245.05 | \$140.76 | \$ 20.00 | \$ 2,405.81 | \$ - | \$ 2,405.81 |
| Western Health Advantage | | | | | | | | | |
| | | SELF | 1 | \$ 792.56 | \$140.76 | \$ 20.00 | \$ 953.32 | \$ - | \$ 953.32 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,585.12 | \$140.76 | \$ 20.00 | \$ 1,745.88 | \$ - | \$ 1,745.88 |
| | | SELF + DEPENDENTS | 3 | \$ 2,060.66 | \$140.76 | \$ 20.00 | \$ 2,221.42 | \$ - | \$ 2,221.42 |

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.

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information