



OTHER SOUTHERN AREAS 2019 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY Eff 9-30-17	*MANDATORY eff 3-1-15			
	SINGLE	1	\$ 628.63	\$142.35	\$ 25.00	\$ 795.98	\$ -	\$ 795.98
	2-PARTY	2	\$ 1,257.26	\$142.35	\$ 25.00	\$ 1,424.61	\$ -	\$ 1,424.61
	FAMILY	3	\$ 1,634.44	\$142.35	\$ 25.00	\$ 1,801.79	\$ -	\$ 1,801.79
Blue Shield Access+	HMO							
	SINGLE	1	\$ 760.04	\$142.35	\$ 25.00	\$ 927.39	\$ -	\$ 927.39
	2-PARTY	2	\$ 1,520.08	\$142.35	\$ 25.00	\$ 1,687.43	\$ -	\$ 1,687.43
	FAMILY	3	\$ 1,976.10	\$142.35	\$ 25.00	\$ 2,143.45	\$ -	\$ 2,143.45
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 721.11	\$142.35	\$ 25.00	\$ 888.46	\$ -	\$ 888.46
	2-PARTY	2	\$ 1,442.22	\$142.35	\$ 25.00	\$ 1,609.57	\$ -	\$ 1,609.57
	FAMILY	3	\$ 1,874.89	\$142.35	\$ 25.00	\$ 2,042.24	\$ -	\$ 2,042.24
PERS Select	PPO 80/20							
	SINGLE	1	\$ 462.71	\$142.35	\$ 25.00	\$ 630.06	\$ -	\$ 630.06
	2-PARTY	2	\$ 925.42	\$142.35	\$ 25.00	\$ 1,092.77	\$ -	\$ 1,092.77
	FAMILY	3	\$ 1,203.05	\$142.35	\$ 25.00	\$ 1,370.40	\$ -	\$ 1,370.40
PERSCare	PPO 90/10							
	SINGLE	1	\$ 907.29	\$142.35	\$ 25.00	\$ 1,074.64	\$ -	\$ 1,074.64
	2-PARTY	2	\$ 1,814.58	\$142.35	\$ 25.00	\$ 1,981.93	\$ -	\$ 1,981.93
	FAMILY	3	\$ 2,358.95	\$142.35	\$ 25.00	\$ 2,526.30	\$ -	\$ 2,526.30



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 625.07	\$ 142.35	\$ 20.00	\$ 787.42	\$ -	\$ 787.42
	D20	SELF + 1 DEPENDENT	2	\$ 1,250.14	\$ 142.35	\$ 20.00	\$ 1,412.49	\$ -	\$ 1,412.49
	F20	SELF + DEPENDENTS	3	\$ 1,625.18	\$ 142.35	\$ 20.00	\$ 1,787.53	\$ -	\$ 1,787.53
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 830.89	\$ 142.35	\$ 20.00	\$ 993.24	\$ -	\$ 993.24
	D20	SELF + 1 DEPENDENT	2	\$ 1,661.78	\$ 142.35	\$ 20.00	\$ 1,824.13	\$ -	\$ 1,824.13
	F20	SELF + DEPENDENTS	3	\$ 2,160.31	\$ 142.35	\$ 20.00	\$ 2,322.66	\$ -	\$ 2,322.66
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 646.65	\$ 142.35	\$ 20.00	\$ 809.00	\$ -	\$ 809.00
	D20	SELF + 1 DEPENDENT	2	\$ 1,293.30	\$ 142.35	\$ 20.00	\$ 1,455.65	\$ -	\$ 1,455.65
	F20	SELF + DEPENDENTS	3	\$ 1,681.29	\$ 142.35	\$ 20.00	\$ 1,843.64	\$ -	\$ 1,843.64
Health Net Salud y Mas									
		SELF	1	\$ 427.81	\$ 142.35	\$ 20.00	\$ 590.16	\$ -	\$ 590.16
		SELF + 1 DEPENDENT	2	\$ 855.62	\$ 142.35	\$ 20.00	\$ 1,017.97	\$ -	\$ 1,017.97
		SELF + DEPENDENTS	3	\$ 1,112.31	\$ 142.35	\$ 20.00	\$ 1,274.66	\$ -	\$ 1,274.66
Health Net SmartCare									
		SELF	1	\$ 642.71	\$ 142.35	\$ 20.00	\$ 805.06	\$ -	\$ 805.06
		SELF + 1 DEPENDENT	2	\$ 1,285.42	\$ 142.35	\$ 20.00	\$ 1,447.77	\$ -	\$ 1,447.77
		SELF + DEPENDENTS	3	\$ 1,671.05	\$ 142.35	\$ 20.00	\$ 1,833.40	\$ -	\$ 1,833.40
Sharp HMO PLAN									
		SELF	1	\$ 593.66	\$ 142.35	\$ 20.00	\$ 756.01	\$ -	\$ 756.01
		SELF + 1 DEPENDENT	2	\$ 1,187.32	\$ 142.35	\$ 20.00	\$ 1,349.67	\$ -	\$ 1,349.67
		SELF + DEPENDENTS	3	\$ 1,543.52	\$ 142.35	\$ 20.00	\$ 1,705.87	\$ -	\$ 1,705.87

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.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**