



BAY AREA

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	\$ 768.25	\$142.35	\$ 25.00	\$ 935.60	\$ -	\$ 935.60
	2-PARTY	2	\$ 1,536.50	\$142.35	\$ 25.00	\$ 1,703.85	\$ -	\$ 1,703.85
	FAMILY	3	\$ 1,997.45	\$142.35	\$ 25.00	\$ 2,164.80	\$ -	\$ 2,164.80
Blue Shield Access+	HMO							
	SINGLE	1	\$ 970.90	\$142.35	\$ 25.00	\$ 1,138.25	\$ -	\$ 1,138.25
	2-PARTY	2	\$ 1,941.80	\$142.35	\$ 25.00	\$ 2,109.15	\$ -	\$ 2,109.15
	FAMILY	3	\$ 2,524.34	\$142.35	\$ 25.00	\$ 2,691.69	\$ -	\$ 2,691.69
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 866.27	\$142.35	\$ 25.00	\$ 1,033.62	\$ -	\$ 1,033.62
	2-PARTY	2	\$ 1,732.54	\$142.35	\$ 25.00	\$ 1,899.89	\$ -	\$ 1,899.89
	FAMILY	3	\$ 2,252.30	\$142.35	\$ 25.00	\$ 2,419.65	\$ -	\$ 2,419.65
PERS Select	PPO 80/20							
	SINGLE	1	\$ 543.19	\$142.35	\$ 25.00	\$ 710.54	\$ -	\$ 710.54
	2-PARTY	2	\$ 1,086.38	\$142.35	\$ 25.00	\$ 1,253.73	\$ -	\$ 1,253.73
	FAMILY	3	\$ 1,412.29	\$142.35	\$ 25.00	\$ 1,579.64	\$ -	\$ 1,579.64
PERSCare	PPO 90/10							
	SINGLE	1	\$ 1,131.68	\$142.35	\$ 25.00	\$ 1,299.03	\$ -	\$ 1,299.03
	2-PARTY	2	\$ 2,263.36	\$142.35	\$ 25.00	\$ 2,430.71	\$ -	\$ 2,430.71
	FAMILY	3	\$ 2,942.37	\$142.35	\$ 25.00	\$ 3,109.72	\$ -	\$ 3,109.72



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select		HMO PLAN							
AHS1	E20	SELF	1	\$ 831.44	\$ 142.35	\$ 25.00	\$ 998.79	\$ -	\$ 998.79
	D20	SELF + 1 DEPENDENT	2	\$ 1,662.88	\$ 142.35	\$ 25.00	\$ 1,830.23	\$ -	\$ 1,830.23
	F20	SELF + DEPENDENTS	3	\$ 2,161.74	\$ 142.35	\$ 25.00	\$ 2,329.09	\$ -	\$ 2,329.09
Anthem HMO Traditional		HMO PLAN							
AHT1	E20	SELF	1	\$ 1,111.13	\$ 142.35	\$ 25.00	\$ 1,278.48	\$ -	\$ 1,278.48
	D20	SELF + 1 DEPENDENT	2	\$ 2,222.26	\$ 142.35	\$ 25.00	\$ 2,389.61	\$ -	\$ 2,389.61
	F20	SELF + DEPENDENTS	3	\$ 2,888.94	\$ 142.35	\$ 25.00	\$ 3,056.29	\$ -	\$ 3,056.29
United HealthCare		HMO PLAN							
UN01	E20	SELF	1	N/A	\$ 142.35	\$ 25.00	\$ 167.35	\$ -	\$ 167.35
	D20	SELF + 1 DEPENDENT	2	N/A	\$ 142.35	\$ 25.00	\$ 167.35	\$ -	\$ 167.35
	F20	SELF + DEPENDENTS	3	N/A	\$ 142.35	\$ 25.00	\$ 167.35	\$ -	\$ 167.35
Health Net SmartCare		HMO PLAN							
		SELF	1	\$ 901.55	\$ 142.35	\$ 25.00	\$ 1,068.90	\$ -	\$ 1,068.90
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$ 142.35	\$ 25.00	\$ 1,970.45	\$ -	\$ 1,970.45
		SELF + DEPENDENTS	3	\$ 2,344.03	\$ 142.35	\$ 25.00	\$ 2,511.38	\$ -	\$ 2,511.38
Western Health Advantage		HMO PLAN							
		SELF	1	\$ 767.01	\$ 142.35	\$ 25.00	\$ 934.36	\$ -	\$ 934.36
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$ 142.35	\$ 25.00	\$ 1,701.37	\$ -	\$ 1,701.37
		SELF + DEPENDENTS	3	\$ 1,994.23	\$ 142.35	\$ 25.00	\$ 2,161.58	\$ -	\$ 2,161.58

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**

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.