



**BAY AREA  
2019 MATRIX**

.5750-.6249

**LPPA 60% EMPLOYEES WITH 2016 CAPS**

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

									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						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$768.25	\$145.64	\$25.00	\$938.89	\$463.23	\$475.66	\$305.02	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$463.23	\$1,243.91	\$1,073.27	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$463.23	\$1,704.86	\$1,534.22	\$463.23
<b>52 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$463.23	\$678.31	\$507.67	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$463.23	\$1,649.21	\$1,478.57	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$463.23	\$2,231.75	\$2,061.11	\$463.23
<b>41 4040</b>											
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>											
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$463.23	\$573.68	\$403.04	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$463.23	\$1,439.95	\$1,269.31	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$463.23	\$1,959.71	\$1,789.07	\$463.23
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$463.23	\$250.60	\$79.96	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$463.23	\$793.79	\$623.15	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$463.23	\$1,119.70	\$949.06	\$463.23
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$463.23	\$839.09	\$668.45	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$463.23	\$1,970.77	\$1,800.13	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$463.23	\$2,649.78	\$2,479.14	\$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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PAYROLL USE  
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
			eff 9/30/17	eff 9-1-15							
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$145.64	\$25.00	\$1,002.08	\$463.23	\$538.85	\$368.21	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$463.23	\$1,370.29	\$1,199.65	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$463.23	\$1,869.15	\$1,698.51	\$463.23
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$463.23	\$818.54	\$647.90	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$463.23	\$1,929.67	\$1,759.03	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$463.23	\$2,596.35	\$2,425.71	\$463.23
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 901.55	\$145.64	\$25.00	\$1,072.19	\$463.23	\$ 608.96	\$438.32	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$1,973.74	\$463.23	\$ 1,510.51	\$1,339.87	\$463.23
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$2,514.67	\$463.23	\$ 2,051.44	\$1,880.80	\$463.23
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$463.23	\$ 474.42	\$303.78	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$463.23	\$ 1,241.43	\$1,070.79	\$463.23
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$463.23	\$ 1,701.64	\$1,531.00	\$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\*\*

**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.