



**BAY AREA
2019 MATRIX**

.50-.5249

LPPA 50% 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						
22 4030											
KAISER HMO											
KP01	E70	SELF	1	\$768.25	\$145.64	\$25.00	\$938.89	\$386.03	\$552.86	\$382.22	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$386.03	\$1,321.11	\$1,150.47	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$386.03	\$1,782.06	\$1,611.42	\$386.03
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$386.03	\$755.51	\$584.87	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$386.03	\$1,726.41	\$1,555.77	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$386.03	\$2,308.95	\$2,138.31	\$386.03
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$386.03	\$650.88	\$480.24	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$386.03	\$1,517.15	\$1,346.51	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$386.03	\$2,036.91	\$1,866.27	\$386.03
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$386.03	\$327.80	\$157.16	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$386.03	\$870.99	\$700.35	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$386.03	\$1,196.90	\$1,026.26	\$386.03
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$386.03	\$916.29	\$745.65	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$386.03	\$2,047.97	\$1,877.33	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$386.03	\$2,726.98	\$2,556.34	\$386.03

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**



**BAY AREA
2019 MATRIX**

LPPA 50% 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						
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$145.64	\$25.00	\$1,002.08	\$386.03	\$616.05	\$445.41	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$386.03	\$1,447.49	\$1,276.85	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$386.03	\$1,946.35	\$1,775.71	\$386.03
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$386.03	\$895.74	\$725.10	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$386.03	\$2,006.87	\$1,836.23	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$386.03	\$2,673.55	\$2,502.91	\$386.03
United HealthCare HMO PLAN											
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
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 901.55	\$145.64	\$25.00	\$ 1,072.19	\$386.03	\$ 686.16	\$515.52	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$ 1,973.74	\$386.03	\$ 1,587.71	\$1,417.07	\$386.03
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$ 2,514.67	\$386.03	\$ 2,128.64	\$1,958.00	\$386.03
Western Health Advantage HMO PLAN											
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$386.03	\$ 551.62	\$380.98	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$386.03	\$ 1,318.63	\$1,147.99	\$386.03
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$386.03	\$ 1,778.84	\$1,608.20	\$386.03

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.