

**BAY AREA
2019 MATRIX**

.975-100



LPPA 100% EMPLOYEES WITH 2016 CAPS

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	PAYRO ON EE Health Cost
					*MANDATORY eff 9-30-17	*MANDATORY eff 9-1-15				
22 4030										
KAISER		HMO								
KP01	E70	SELF	1	\$768.25	\$145.64	\$25.00	\$938.89	\$772.05	\$166.84	\$0.00
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$772.05	\$935.09	\$764.45
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$772.05	\$1,396.04	\$1,225.40
32 4010										
BLUE SHIELD ACCESS		HMO								
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$772.05	\$369.49	\$198.85
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$772.05	\$1,340.39	\$1,169.75
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$772.05	\$1,922.93	\$1,752.29
41 4040										
Athem Blue Cross-PERS CHOICE		PPO 80/20								
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$772.05	\$264.86	\$94.22
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$772.05	\$1,131.13	\$960.49
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$772.05	\$1,650.89	\$1,480.25
42 4050										
PERS SELECT		PPO 80/20								
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$772.05	\$0.00	\$0.00
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$772.05	\$484.97	\$314.33
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$772.05	\$810.88	\$640.24
43 4060										
PERS CARE		PPO 90/10								
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$772.05	\$530.27	\$359.63
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$772.05	\$1,661.95	\$1,491.31
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$772.05	\$2,340.96	\$2,170.32

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**

.975-100

LPPA 100% EMPLOYEES WITH 2016 CAPS

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

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYRO ON EE Health Cost
Anthem HMO Select										
AHS1	E20	SELF	1	\$831.44	\$145.64	\$25.00	\$1,002.08	\$772.05	\$230.03	\$59.39
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$772.05	\$1,061.47	\$890.83
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$772.05	\$1,560.33	\$1,389.69
Anthem HMO Traditional										
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$772.05	\$509.72	\$339.08
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$772.05	\$1,620.85	\$1,450.21
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$772.05	\$2,287.53	\$2,116.89
United HealthCare HMO PLAN										
UN01	E20	SELF	1	N/A	N/A	N/A	\$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
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Health Net SmartCare HMO PLAN										
		SELF	1	\$ 901.55	\$145.64	\$25.00	\$1,072.19	\$772.05	\$ 300.14	\$129.50
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$1,973.74	\$772.05	\$ 1,201.69	\$1,031.05
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$2,514.67	\$772.05	\$ 1,742.62	\$1,571.98
Western Health Advantage HMO PLAN										
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$772.05	\$ 165.60	\$0.00
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$772.05	\$ 932.61	\$761.97
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$772.05	\$ 1,392.82	\$1,222.18

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.