



**BAY AREA
2019 MATRIX**

.8750-.9249

LPPA 90% 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	\$694.85	\$244.04	\$73.40	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$694.85	\$1,012.29	\$841.65	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$694.85	\$1,473.24	\$1,302.60	\$694.85
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$694.85	\$446.69	\$276.05	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$694.85	\$1,417.59	\$1,246.95	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$694.85	\$2,000.13	\$1,829.49	\$694.85
41 4040											
Athem Blue Cross- CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$694.85	\$342.06	\$171.42	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$694.85	\$1,208.33	\$1,037.69	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$694.85	\$1,728.09	\$1,557.45	\$694.85
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$694.85	\$18.98	\$0.00	\$543.19
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$694.85	\$562.17	\$391.53	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$694.85	\$888.08	\$717.44	\$694.85
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$694.85	\$607.47	\$436.83	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$694.85	\$1,739.15	\$1,568.51	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$694.85	\$2,418.16	\$2,247.52	\$694.85

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							
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$145.64	\$25.00	\$1,002.08	\$694.85	\$307.23	\$136.59	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$694.85	\$1,138.67	\$968.03	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$694.85	\$1,637.53	\$1,466.89	\$694.85
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$694.85	\$586.92	\$416.28	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$694.85	\$1,698.05	\$1,527.41	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$694.85	\$2,364.73	\$2,194.09	\$694.85
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											
		SELF	1	\$ 901.55	\$145.64	\$25.00	\$ 1,072.19	\$694.85	\$ 377.34	\$206.70	\$694.85
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$ 1,973.74	\$694.85	\$ 1,278.89	\$1,108.25	\$694.85
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$ 2,514.67	\$694.85	\$ 1,819.82	\$1,649.18	\$694.85
Western Health Advantage HMO PLAN											
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$694.85	\$ 242.80	\$72.16	\$694.85
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$694.85	\$ 1,009.81	\$839.17	\$694.85
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$694.85	\$ 1,470.02	\$1,299.38	\$694.85

rates are subject to change throughout the year

- .Dental and Vision plans require 100% participation for full -time employees *
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- .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.