



**BAY AREA
2019 MATRIX**

.6750-.7249

LPPA 70% 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	\$540.44	\$398.45	\$227.81	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$540.44	\$1,166.70	\$996.06	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$540.44	\$1,627.65	\$1,457.01	\$540.44
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$540.44	\$601.10	\$430.46	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$540.44	\$1,572.00	\$1,401.36	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$540.44	\$2,154.54	\$1,983.90	\$540.44
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$540.44	\$496.47	\$325.83	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$540.44	\$1,362.74	\$1,192.10	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$540.44	\$1,882.50	\$1,711.86	\$540.44
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$540.44	\$173.39	\$2.75	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$540.44	\$716.58	\$545.94	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$540.44	\$1,042.49	\$871.85	\$540.44
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$540.44	\$761.88	\$591.24	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$540.44	\$1,893.56	\$1,722.92	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$540.44	\$2,572.57	\$2,401.93	\$540.44

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	
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$145.64	\$25.00	\$1,002.08	\$540.44	\$461.64	\$291.00	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$540.44	\$1,293.08	\$1,122.44	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$540.44	\$1,791.94	\$1,621.30	\$540.44
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$540.44	\$741.33	\$570.69	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$540.44	\$1,852.46	\$1,681.82	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$540.44	\$2,519.14	\$2,348.50	\$540.44
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	\$540.44	\$ 531.75	\$361.11	\$540.44
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$1,973.74	\$540.44	\$ 1,433.30	\$1,262.66	\$540.44
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$2,514.67	\$540.44	\$ 1,974.23	\$1,803.59	\$540.44
Western Health Advantage HMO PLAN											
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$540.44	\$ 397.21	\$226.57	\$540.44
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$540.44	\$ 1,164.22	\$993.58	\$540.44
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$540.44	\$ 1,624.43	\$1,453.79	\$540.44

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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.