



**BAY AREA
2019 MATRIX**

.9250-.9749

LPPA 95% 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	\$733.45	\$205.44	\$34.80	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,536.50	\$145.64	\$25.00	\$1,707.14	\$733.45	\$973.69	\$803.05	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,997.45	\$145.64	\$25.00	\$2,168.09	\$733.45	\$1,434.64	\$1,264.00	\$733.45
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$970.90	\$145.64	\$25.00	\$1,141.54	\$733.45	\$408.09	\$237.45	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,941.80	\$145.64	\$25.00	\$2,112.44	\$733.45	\$1,378.99	\$1,208.35	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,524.34	\$145.64	\$25.00	\$2,694.98	\$733.45	\$1,961.53	\$1,790.89	\$733.45
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$866.27	\$145.64	\$25.00	\$1,036.91	\$733.45	\$303.46	\$132.82	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,732.54	\$145.64	\$25.00	\$1,903.18	\$733.45	\$1,169.73	\$999.09	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,252.30	\$145.64	\$25.00	\$2,422.94	\$733.45	\$1,689.49	\$1,518.85	\$733.45
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$543.19	\$145.64	\$25.00	\$713.83	\$733.45	\$0.00	\$0.00	\$543.19
	D70	SELF + 1 DEPENDENT	2	\$1,086.38	\$145.64	\$25.00	\$1,257.02	\$733.45	\$523.57	\$352.93	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,412.29	\$145.64	\$25.00	\$1,582.93	\$733.45	\$849.48	\$678.84	\$733.45
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,131.68	\$145.64	\$25.00	\$1,302.32	\$733.45	\$568.87	\$398.23	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$2,263.36	\$145.64	\$25.00	\$2,434.00	\$733.45	\$1,700.55	\$1,529.91	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,942.37	\$145.64	\$25.00	\$3,113.01	\$733.45	\$2,379.56	\$2,208.92	\$733.45

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 95% EMPLOYEES WITH 2009/2010 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	\$733.45	\$268.63	\$97.99	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$145.64	\$25.00	\$1,833.52	\$733.45	\$1,100.07	\$929.43	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$145.64	\$25.00	\$2,332.38	\$733.45	\$1,598.93	\$1,428.29	\$733.45
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$145.64	\$25.00	\$1,281.77	\$733.45	\$548.32	\$377.68	\$733.45
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$145.64	\$25.00	\$2,392.90	\$733.45	\$1,659.45	\$1,488.81	\$733.45
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$145.64	\$25.00	\$3,059.58	\$733.45	\$2,326.13	\$2,155.49	\$733.45
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 Smart Care HMO PLAN											
		SELF	1	\$ 901.55	\$145.64	\$25.00	\$ 1,072.19	\$733.45	\$ 338.74	\$168.10	\$733.45
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$145.64	\$25.00	\$ 1,973.74	\$733.45	\$ 1,240.29	\$1,069.65	\$733.45
		SELF + DEPENDENTS	3	\$ 2,344.03	\$145.64	\$25.00	\$2,514.67	\$733.45	\$ 1,781.22	\$1,610.58	\$733.45
Western Health Advantage HMO PLAN											
		SELF	1	\$ 767.01	\$145.64	\$25.00	\$937.65	\$733.45	\$ 204.20	\$33.56	\$733.45
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$145.64	\$25.00	\$1,704.66	\$733.45	\$ 971.21	\$800.57	\$733.45
		SELF + DEPENDENTS	3	\$ 1,994.23	\$145.64	\$25.00	\$2,164.87	\$733.45	\$ 1,431.42	\$1,260.78	\$733.45

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.