



**BAY AREA**

**2019 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"**

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
				Eff 9-30-17	eff 1-1-16			
<b>KAISER</b>	<b>HMO</b>							
E30	<b>SINGLE</b>	1	\$ 768.25	\$140.77	\$ 20.00	\$ 929.02	\$ -	\$ 929.02
D30	<b>2-PARTY</b>	2	\$ 1,536.50	\$140.77	\$ 20.00	\$ 1,697.27	\$ -	\$ 1,697.27
F30	<b>FAMILY</b>	3	\$ 1,997.45	\$140.77	\$ 20.00	\$ 2,158.22	\$ -	\$ 2,158.22
	<b>Blue Shield Access+</b>							
	<b>HMO</b>							
	<b>SINGLE</b>	1	\$ 970.90	\$140.77	\$ 20.00	\$ 1,131.67	\$ -	\$ 1,131.67
	<b>2-PARTY</b>	2	\$ 1,941.80	\$140.77	\$ 20.00	\$ 2,102.57	\$ -	\$ 2,102.57
	<b>FAMILY</b>	3	\$ 2,524.34	\$140.77	\$ 20.00	\$ 2,685.11	\$ -	\$ 2,685.11
	<b>PERS Choice</b>							
	<b>PPO 80/20</b>							
	<b>SINGLE</b>	1	\$ 866.27	\$140.77	\$ 20.00	\$ 1,027.04	\$ -	\$ 1,027.04
	<b>2-PARTY</b>	2	\$ 1,732.54	\$140.77	\$ 20.00	\$ 1,893.31	\$ -	\$ 1,893.31
	<b>FAMILY</b>	3	\$ 2,252.30	\$140.77	\$ 20.00	\$ 2,413.07	\$ -	\$ 2,413.07
	<b>PERS Select</b>							
	<b>PPO 80/20</b>							
	<b>SINGLE</b>	1	\$ 543.19	\$140.77	\$ 20.00	\$ 703.96	\$ -	\$ 703.96
	<b>2-PARTY</b>	2	\$ 1,086.38	\$140.77	\$ 20.00	\$ 1,247.15	\$ -	\$ 1,247.15
	<b>FAMILY</b>	3	\$ 1,412.29	\$140.77	\$ 20.00	\$ 1,573.06	\$ -	\$ 1,573.06
	<b>PERSCare</b>							
	<b>PPO 90/10</b>							
	<b>SINGLE</b>	1	\$ 1,131.68	\$140.77	\$ 20.00	\$ 1,292.45	\$ -	\$ 1,292.45
	<b>2-PARTY</b>	2	\$ 2,263.36	\$140.77	\$ 20.00	\$ 2,424.13	\$ -	\$ 2,424.13
	<b>FAMILY</b>	3	\$ 2,942.37	\$140.77	\$ 20.00	\$ 3,103.14	\$ -	\$ 3,103.14

E31 = Health only  
 E32 = Health and Dental  
 E33 = Health and Vision



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL Eff 9-30-17	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
<b>Anthem HMO Select</b>									
AHS1	E20	SELF	1	\$ 831.44	\$140.77	\$ 20.00	\$ 992.21	\$ -	\$ 992.21
	D20	SELF + 1 DEPENDENT	2	\$ 1,662.88	\$140.77	\$ 20.00	\$ 1,823.65	\$ -	\$ 1,823.65
	F20	SELF + DEPENDENTS	3	\$ 2,161.74	\$140.77	\$ 20.00	\$ 2,322.51	\$ -	\$ 2,322.51
<b>Anthem HMO Traditional</b>									
AHT1	E20	SELF	1	\$ 1,111.13	\$140.77	\$ 20.00	\$ 1,271.90	\$ -	\$ 1,271.90
	D20	SELF + 1 DEPENDENT	2	\$ 2,222.26	\$140.77	\$ 20.00	\$ 2,383.03	\$ -	\$ 2,383.03
	F20	SELF + DEPENDENTS	3	\$ 2,888.94	\$140.77	\$ 20.00	\$ 3,049.71	\$ -	\$ 3,049.71
<b>United HealthCare HMO PLAN</b>									
UN01	E20	SELF	1	N/A	N/A	N/A	\$ -	\$ -	\$ -
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$ -	\$ -	\$ -
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$ -	\$ -	\$ -
<b>Health Net SmartCare</b>									
		SELF	1	\$ 901.55	\$140.77	\$ 20.00	\$ 1,062.32	\$ -	\$ 1,062.32
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$140.77	\$ 20.00	\$ 1,963.87	\$ -	\$ 1,963.87
		SELF + DEPENDENTS	3	\$ 2,344.03	\$140.77	\$ 20.00	\$ 2,504.80	\$ -	\$ 2,504.80
<b>Western Health Advantage</b>									
		SELF	1	\$ 767.01	\$140.77	\$ 20.00	\$ 927.78	\$ -	\$ 927.78
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$140.77	\$ 20.00	\$ 1,694.79	\$ -	\$ 1,694.79
		SELF + DEPENDENTS	3	\$ 1,994.23	\$140.77	\$ 20.00	\$ 2,155.00	\$ -	\$ 2,155.00

*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.

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information