



OTHER SOUTHERN AREAS
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 | | | | | | | | |
| KAISER | HMO | | | | | | | |
| | SINGLE | 1 | \$ 628.63 | \$140.77 | \$ 20.00 | \$ 789.40 | \$ - | \$ 789.40 |
| | 2-PARTY | 2 | \$ 1,257.26 | \$140.77 | \$ 20.00 | \$ 1,418.03 | \$ - | \$ 1,418.03 |
| | FAMILY | 3 | \$ 1,634.44 | \$140.77 | \$ 20.00 | \$ 1,795.21 | \$ - | \$ 1,795.21 |
| | | | | | | | | |
| Blue Shield Access+ | HMO | | | | | | | |
| | SINGLE | 1 | \$ 760.04 | \$140.77 | \$ 20.00 | \$ 920.81 | \$ - | \$ 920.81 |
| | 2-PARTY | 2 | \$ 1,520.08 | \$140.77 | \$ 20.00 | \$ 1,680.85 | \$ - | \$ 1,680.85 |
| | FAMILY | 3 | \$ 1,976.10 | \$140.77 | \$ 20.00 | \$ 2,136.87 | \$ - | \$ 2,136.87 |
| | | | | | | | | |
| PERS Choice | PPO 80/20 | | | | | | | |
| | SINGLE | 1 | \$ 721.11 | \$140.77 | \$ 20.00 | \$ 881.88 | \$ - | \$ 881.88 |
| | 2-PARTY | 2 | \$ 1,442.22 | \$140.77 | \$ 20.00 | \$ 1,602.99 | \$ - | \$ 1,602.99 |
| | FAMILY | 3 | \$ 1,874.89 | \$140.77 | \$ 20.00 | \$ 2,035.66 | \$ - | \$ 2,035.66 |
| | | | | | | | | |
| PERS Select | PPO 80/20 | | | | | | | |
| | SINGLE | 1 | \$ 462.71 | \$140.77 | \$ 20.00 | \$ 623.48 | \$ - | \$ 623.48 |
| | 2-PARTY | 2 | \$ 925.42 | \$140.77 | \$ 20.00 | \$ 1,086.19 | \$ - | \$ 1,086.19 |
| | FAMILY | 3 | \$ 1,203.05 | \$140.77 | \$ 20.00 | \$ 1,363.82 | \$ - | \$ 1,363.82 |
| | | | | | | | | |
| PERSCare | PPO 90/10 | | | | | | | |
| | SINGLE | 1 | \$ 907.29 | \$140.77 | \$ 20.00 | \$ 1,068.06 | \$ - | \$ 1,068.06 |
| | 2-PARTY | 2 | \$ 1,814.58 | \$140.77 | \$ 20.00 | \$ 1,975.35 | \$ - | \$ 1,975.35 |
| | FAMILY | 3 | \$ 2,358.95 | \$140.77 | \$ 20.00 | \$ 2,519.72 | \$ - | \$ 2,519.72 |



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|-----------------------------------|------|--------------------|-------------|----------------------|----------------------|-------------------|-----------------|----------------------------|
| Anthem HMO Select | | | | | | | | |
| AHS1 | E20 | SELF | \$ 625.07 | \$140.77 | \$ 20.00 | \$ 785.84 | \$ - | \$ 785.84 |
| | D20 | SELF + 1 DEPENDENT | \$ 1,250.14 | \$140.77 | \$ 20.00 | \$ 1,410.91 | \$ - | \$ 1,410.91 |
| | F20 | SELF + DEPENDENTS | \$ 1,625.18 | \$140.77 | \$ 20.00 | \$ 1,785.95 | \$ - | \$ 1,785.95 |
| Anthem HMO Traditional | | | | | | | | |
| AHT1 | E20 | SELF | \$ 830.89 | \$ 140.77 | \$ 20.00 | \$ 991.66 | \$ - | \$ 991.66 |
| | D20 | SELF + 1 DEPENDENT | \$ 1,661.78 | \$ 140.77 | \$ 20.00 | \$ 1,822.55 | \$ - | \$ 1,822.55 |
| | F20 | SELF + DEPENDENTS | \$ 2,160.31 | \$ 140.77 | \$ 20.00 | \$ 2,321.08 | \$ - | \$ 2,321.08 |
| United HealthCare HMO PLAN | | | | | | | | |
| UN01 | E20 | SELF | \$ 646.65 | \$ 140.77 | \$ 20.00 | \$ 807.42 | \$ - | \$ 807.42 |
| | D20 | SELF + 1 DEPENDENT | \$ 1,293.30 | \$ 140.77 | \$ 20.00 | \$ 1,454.07 | \$ - | \$ 1,454.07 |
| | F20 | SELF + DEPENDENTS | \$ 1,681.29 | \$ 140.77 | \$ 20.00 | \$ 1,842.06 | \$ - | \$ 1,842.06 |
| Health Net Salud y Mas | | | | | | | | |
| | | SELF | \$ 427.81 | \$ 140.77 | \$ 20.00 | \$ 588.58 | \$ - | \$ 588.58 |
| | | SELF + 1 DEPENDENT | \$ 855.62 | \$ 140.77 | \$ 20.00 | \$ 1,016.39 | \$ - | \$ 1,016.39 |
| | | SELF + DEPENDENTS | \$ 1,112.31 | \$ 140.77 | \$ 20.00 | \$ 1,273.08 | \$ - | \$ 1,273.08 |
| Health Net SmartCare | | | | | | | | |
| | | SELF | \$ 642.71 | \$ 140.77 | \$ 20.00 | \$ 803.48 | \$ - | \$ 803.48 |
| | | SELF + 1 DEPENDENT | \$ 1,285.42 | \$ 140.77 | \$ 20.00 | \$ 1,446.19 | \$ - | \$ 1,446.19 |
| | | SELF + DEPENDENTS | \$ 1,671.05 | \$ 140.77 | \$ 20.00 | \$ 1,831.82 | \$ - | \$ 1,831.82 |
| Sharp HMO PLAN | | | | | | | | |
| | | SELF | \$ 593.66 | \$ 140.77 | \$ 20.00 | \$ 754.43 | \$ - | \$ 754.43 |
| | | SELF + 1 DEPENDENT | \$ 1,187.32 | \$ 140.77 | \$ 20.00 | \$ 1,348.09 | \$ - | \$ 1,348.09 |
| | | SELF + DEPENDENTS | \$ 1,543.52 | \$ 140.77 | \$ 20.00 | \$ 1,704.29 | \$ - | \$ 1,704.29 |

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 Rtes - OTHER SOUTHERN CALIFORNIA

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara and Tulare

CalPERS premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information