



**BAY AREA
2019 MATRIX**

SUPV 8 HOUR EMPLOYEES WITH 4-30-15 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	ER	
									Health Cost	Health Cost	
					*MANDATORY	*MANDATORY	New Amt eff 4-30-15				
					Eff 9-30-17	eff 1-1-16					
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$667.53	\$266.49	\$100.72	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$830.00	\$872.27	\$706.50	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$881.00	\$1,282.22	\$1,116.45	\$881.00
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$666.01	\$470.66	\$304.89	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$830.00	\$1,277.57	\$1,111.80	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$881.00	\$1,809.11	\$1,643.34	\$881.00
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$866.27	\$140.77	\$25.00	\$1,032.04	\$654.25	\$377.79	\$212.02	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$830.00	\$1,068.31	\$902.54	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$881.00	\$1,537.07	\$1,371.30	\$881.00
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$654.25	\$54.71	\$0.00	\$543.19
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$830.00	\$422.15	\$256.38	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$881.00	\$697.06	\$531.29	\$881.00
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$654.25	\$643.20	\$477.43	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$830.00	\$1,599.13	\$1,433.36	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$881.00	\$2,227.14	\$2,061.37	\$881.00

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**



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PAYROLL USE
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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
											*MANDATORY Eff 9-30-17
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$654.25	\$342.96	\$177.19	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$830.00	\$998.65	\$832.88	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$881.00	\$1,446.51	\$1,280.74	\$881.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$654.25	\$622.65	\$456.88	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$830.00	\$1,558.03	\$1,392.26	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$881.00	\$2,173.71	\$2,007.94	\$881.00
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
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$901.55	\$140.77	\$25.00	\$1,067.32	\$654.25	\$413.07	\$247.30	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$830.00	\$1,138.87	\$973.10	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$881.00	\$1,628.80	\$1,463.03	\$881.00
Western Health Advantage HMO PLAN											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$654.25	\$278.53	\$112.76	\$654.25
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$830.00	\$869.79	\$704.02	\$830.00
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$881.00	\$1,279.00	\$1,113.23	\$881.00

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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.