



**BAY AREA
2019 MATRIX**

SUPV 7.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

0.9375

PAYROLL USE
ONLY

| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | EE Health Cost | ER Health Cost |
|-------------------------------------|------|--------------------|------------|-------------|------------|----------------|-------------------------|-------------------------|----------------|----------------|
| 22 4030 | | | | Eff 9-30-17 | eff 1-1-16 | | Revised Cap eff 4-30-15 | | | |
| KAISER | | | | | | | | | | |
| KP01 | E80 | SELF | \$768.25 | \$140.77 | \$25.00 | \$934.02 | \$625.81 | \$308.21 | \$142.44 | \$625.81 |
| | D80 | SELF + 1 DEPENDENT | \$1,536.50 | \$140.77 | \$25.00 | \$1,702.27 | \$778.13 | \$924.14 | \$758.37 | \$778.13 |
| | F80 | SELF + DEPENDENTS | \$1,997.45 | \$140.77 | \$25.00 | \$2,163.22 | \$825.94 | \$1,337.28 | \$1,171.51 | \$825.94 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS | | | | | | | | | | |
| BA01 | 860 | SELF | \$970.90 | \$140.77 | \$25.00 | \$1,136.67 | \$624.38 | \$512.29 | \$346.52 | \$624.38 |
| | D80 | SELF + 1 DEPENDENT | \$1,941.80 | \$140.77 | \$25.00 | \$2,107.57 | \$778.13 | \$1,329.44 | \$1,163.67 | \$778.13 |
| | F80 | SELF + DEPENDENTS | \$2,524.34 | \$140.77 | \$25.00 | \$2,690.11 | \$825.94 | \$1,864.17 | \$1,698.40 | \$825.94 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross-PERS CHOICE | | | | | | | | | | |
| CH01 | E80 | SELF | \$866.27 | \$140.77 | \$25.00 | \$1,032.04 | \$613.36 | \$418.68 | \$252.91 | \$613.36 |
| | D80 | SELF + 1 DEPENDENT | \$1,732.54 | \$140.77 | \$25.00 | \$1,898.31 | \$778.13 | \$1,120.18 | \$954.41 | \$778.13 |
| | F80 | SELF + DEPENDENTS | \$2,252.30 | \$140.77 | \$25.00 | \$2,418.07 | \$825.94 | \$1,592.13 | \$1,426.36 | \$825.94 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT | | | | | | | | | | |
| SE01 | E80 | SELF | \$543.19 | \$140.77 | \$25.00 | \$708.96 | \$613.36 | \$95.60 | \$0.00 | \$543.19 |
| | D80 | SELF + 1 DEPENDENT | \$1,086.38 | \$140.77 | \$25.00 | \$1,252.15 | \$778.13 | \$474.02 | \$308.25 | \$778.13 |
| | F80 | SELF + DEPENDENTS | \$1,412.29 | \$140.77 | \$25.00 | \$1,578.06 | \$825.94 | \$752.12 | \$586.35 | \$825.94 |
| 43 4060 | | | | | | | | | | |
| PERS CARE | | | | | | | | | | |
| CA01 | E80 | SELF | \$1,131.68 | \$140.77 | \$25.00 | \$1,297.45 | \$613.36 | \$684.09 | \$518.32 | \$613.36 |
| | D80 | SELF + 1 DEPENDENT | \$2,263.36 | \$140.77 | \$25.00 | \$2,429.13 | \$778.13 | \$1,651.00 | \$1,485.23 | \$778.13 |
| | F80 | SELF + DEPENDENTS | \$2,942.37 | \$140.77 | \$25.00 | \$3,108.14 | \$825.94 | \$2,282.20 | \$2,116.43 | \$825.94 |

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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|--|------|--------------------|---------|------------|----------|-------------------|-----------------|-------------------------------|----------------------|----------------------|-------------|
| | | | | | | | | | | | eff 9-30-17 |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$831.44 | \$140.77 | \$25.00 | \$997.21 | \$613.36 | \$383.85 | \$218.08 | \$613.36 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,662.88 | \$140.77 | \$25.00 | \$1,828.65 | \$778.13 | \$1,050.52 | \$884.75 | \$778.13 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,161.74 | \$140.77 | \$25.00 | \$2,327.51 | \$825.94 | \$1,501.57 | \$1,335.80 | \$825.94 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,111.13 | \$140.77 | \$25.00 | \$1,276.90 | \$613.36 | \$663.54 | \$497.77 | \$613.36 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$2,222.26 | \$140.77 | \$25.00 | \$2,388.03 | \$778.13 | \$1,609.90 | \$1,444.13 | \$778.13 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,888.94 | \$140.77 | \$25.00 | \$3,054.71 | \$825.94 | \$2,228.77 | \$2,063.00 | \$825.94 |
| 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 | \$613.36 | \$453.96 | \$288.19 | \$613.36 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,803.10 | \$140.77 | \$25.00 | \$1,968.87 | \$778.13 | \$1,190.74 | \$1,024.97 | \$778.13 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,344.03 | \$140.77 | \$25.00 | \$2,509.80 | \$825.94 | \$1,683.86 | \$1,518.09 | \$825.94 |
| Western Health Advantage HMO PLAN | | | | | | | | | | | |
| | | SELF | 1 | \$767.01 | \$140.77 | \$25.00 | \$932.78 | \$613.36 | \$319.42 | \$153.65 | \$613.36 |
| | | SELF + 1 DEPENDENT | 2 | \$1,534.02 | \$140.77 | \$25.00 | \$1,699.79 | \$778.13 | \$921.66 | \$755.89 | \$778.13 |
| | | SELF + DEPENDENTS | 3 | \$1,994.23 | \$140.77 | \$25.00 | \$2,160.00 | \$825.94 | \$1,334.06 | \$1,168.29 | \$825.94 |

rates are subject to change throughout the year

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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.