



**BAY AREA  
2019 MATRIX**

**SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.5

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 1-1-16		Revised CAP 4-30-15				
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$333.77	\$600.25	\$434.48	\$333.77
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$415.00	\$1,287.27	\$1,121.50	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$440.50	\$1,722.72	\$1,556.95	\$440.50
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$289.51	\$847.16	\$681.39	\$289.51
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$415.00	\$1,692.57	\$1,526.80	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$440.50	\$2,249.61	\$2,083.84	\$440.50
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E80	SELF	1	\$866.27	\$140.77	\$25.00	\$1,032.04	\$327.13	\$704.92	\$539.15	\$327.12
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$415.00	\$1,483.31	\$1,317.54	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$440.50	\$1,977.57	\$1,811.80	\$440.50
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$327.13	\$381.84	\$216.06	\$327.13
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$415.00	\$837.15	\$671.38	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$440.50	\$1,137.56	\$971.79	\$440.50
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$327.13	\$970.33	\$804.55	\$327.13
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$415.00	\$2,014.13	\$1,848.36	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$440.50	\$2,667.64	\$2,501.87	\$440.50

*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
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$327.13	\$670.09	\$504.32	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$415.00	\$1,413.65	\$1,247.88	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$440.50	\$1,887.01	\$1,721.24	\$440.50
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$327.13	\$949.78	\$784.01	\$327.13
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$415.00	\$1,973.03	\$1,807.26	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$440.50	\$2,614.21	\$2,448.44	\$440.50
<b>United HealthCare HMO PLAN</b>											
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
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$901.55	\$140.77	\$25.00	\$1,067.32	\$327.13	\$740.20	\$574.43	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$415.00	\$1,553.87	\$1,388.10	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$440.50	\$2,069.30	\$1,903.53	\$440.50
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$327.13	\$605.66	\$439.89	\$327.13
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$415.00	\$1,284.79	\$1,119.02	\$415.00
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$440.50	\$1,719.50	\$1,553.73	\$440.50

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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.