



**BAY AREA
2019 MATRIX**

SUPV 6.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.8125

PAYROLL USE
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL Eff 9-30-17	VISION eff 1-1-16	BENEFITS TOTAL	DISTRICT CAP Revised CAP 4-30-15	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$542.37	\$391.65	\$225.88	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$674.38	\$1,027.89	\$862.12	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$715.81	\$1,447.41	\$1,281.64	\$715.81
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$541.13	\$595.54	\$429.77	\$541.13
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$674.38	\$1,433.19	\$1,267.42	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$715.81	\$1,974.30	\$1,808.53	\$715.81
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$866.27	\$140.77	\$25.00	\$1,032.04	\$531.58	\$500.46	\$334.69	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$674.38	\$1,223.93	\$1,058.16	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$715.81	\$1,702.26	\$1,536.49	\$715.81
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$531.58	\$177.38	\$11.61	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$674.38	\$577.77	\$412.00	\$674.38
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$715.81	\$862.25	\$696.48	\$715.81
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$531.58	\$765.87	\$600.10	\$531.58
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$674.38	\$1,754.75	\$1,588.98	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$715.81	\$2,392.33	\$2,226.56	\$715.81

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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2019 MATRIX**

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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
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$542.37	\$454.84	\$289.07	\$542.37
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$674.38	\$1,154.27	\$988.50	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$715.81	\$1,611.70	\$1,445.93	\$715.81
Anthem HMO Traditional											
AHT1	E80	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$542.37	\$734.53	\$568.76	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$674.38	\$1,713.65	\$1,547.88	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$715.81	\$2,338.90	\$2,173.13	\$715.81
United HealthCare HMO PLAN											
UHC1	E80	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D80	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F80	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HealthNet SmartCare HMO PLAN											
HN01	E80	SELF	1	\$901.55	\$140.77	\$25.00	\$1,067.32	\$542.37	\$524.95	\$359.18	\$542.37
	D80	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$674.38	\$1,294.49	\$1,128.72	\$674.38
	F80	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$715.81	\$1,793.99	\$1,628.22	\$715.81
Western Health Advantage HMO PLAN											
	SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$542.37	\$390.41	\$224.64	\$542.37	
	SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$674.38	\$1,025.41	\$859.64	\$674.38	
	SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$715.81	\$1,444.19	\$1,278.42	\$715.81	

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.