



**BAY AREA  
2019 MATRIX**

**SUPV 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

0.625

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	\$417.21	\$516.81	\$351.04	\$417.21
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$518.75	\$1,183.52	\$1,017.75	\$518.75
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$550.63	\$1,612.59	\$1,446.82	\$550.63
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$416.26	\$720.41	\$554.64	\$416.26
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$518.75	\$1,588.82	\$1,423.05	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$550.63	\$2,139.48	\$1,973.71	\$550.63
<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	\$408.91	\$623.13	\$457.36	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$518.75	\$1,379.56	\$1,213.79	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$550.63	\$1,867.44	\$1,701.67	\$550.63
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$408.91	\$300.05	\$134.28	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$518.75	\$733.40	\$567.63	\$518.75
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$550.63	\$1,027.43	\$861.66	\$550.63
<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	\$408.91	\$888.54	\$722.77	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$518.75	\$1,910.38	\$1,744.61	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$550.63	\$2,557.51	\$2,391.74	\$550.63

*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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<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$408.91	\$588.30	\$422.53	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$518.75	\$1,309.90	\$1,144.13	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$550.63	\$1,776.88	\$1,611.11	\$550.63
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$408.91	\$867.99	\$702.22	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$518.75	\$1,869.28	\$1,703.51	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$550.63	\$2,504.08	\$2,338.31	\$550.63
<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	\$408.91	\$658.41	\$492.64	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$518.75	\$1,450.12	\$1,284.35	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$550.63	\$1,959.17	\$1,793.40	\$550.63
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$408.91	\$523.87	\$358.10	\$408.91
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$518.75	\$1,181.04	\$1,015.27	\$518.75
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$550.63	\$1,609.37	\$1,443.60	\$550.63

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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.