



**BAY AREA  
2019 MATRIX**

**SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.5625

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	
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$375.49	\$558.53	\$392.76	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$466.88	\$1,235.39	\$1,069.62	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$495.56	\$1,667.66	\$1,501.89	\$495.56
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$374.63	\$762.04	\$596.27	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$466.88	\$1,640.69	\$1,474.92	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$495.56	\$2,194.55	\$2,028.78	\$495.56
<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	\$368.02	\$664.02	\$498.25	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$466.88	\$1,431.43	\$1,265.66	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$495.56	\$1,922.51	\$1,756.74	\$495.56
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$368.02	\$340.94	\$175.17	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$466.88	\$785.27	\$619.50	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$495.56	\$1,082.50	\$916.73	\$495.56
<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	\$368.02	\$929.43	\$763.66	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$466.88	\$1,962.25	\$1,796.48	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$495.56	\$2,612.58	\$2,446.81	\$495.56

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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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>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$368.02	\$629.19	\$463.42	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$466.88	\$1,361.77	\$1,196.00	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$495.56	\$1,831.95	\$1,666.18	\$495.56
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$368.02	\$908.88	\$743.11	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$466.88	\$1,921.15	\$1,755.38	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$495.56	\$2,559.15	\$2,393.38	\$495.56
<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	\$368.02	\$699.30	\$533.53	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$466.88	\$1,501.99	\$1,336.22	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$495.56	\$2,014.24	\$1,848.47	\$495.56
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$368.02	\$564.76	\$398.99	\$368.02
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$466.88	\$1,232.91	\$1,067.14	\$466.88
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$495.56	\$1,664.44	\$1,498.67	\$495.56

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.