



**BAY AREA
2019 MATRIX**

SUPV 7 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.875

**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							Revised CAP 4-30-15			
KAISER										
KP01	E80	SELF	\$768.25	\$140.77	\$25.00	\$934.02	\$584.09	\$349.93	\$184.16	\$584.09
	D80	SELF + 1 DEPENDENT	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$726.25	\$976.02	\$810.25	\$726.25
	F80	SELF + DEPENDENTS	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$770.88	\$1,392.34	\$1,226.57	\$770.88
32 4010										
BLUE SHIELD ACCESS										
HMO										
BA01	860	SELF	\$970.90	\$140.77	\$25.00	\$1,136.67	\$582.76	\$553.91	\$388.14	\$582.76
	D80	SELF + 1 DEPENDENT	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$726.25	\$1,381.32	\$1,215.55	\$726.25
	F80	SELF + DEPENDENTS	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$770.88	\$1,919.23	\$1,753.46	\$770.88
41 4040										
Athem Blue Cross-CHOICE										
PERS										
PPO 80/20										
CH01	E80	SELF	\$866.27	\$140.77	\$25.00	\$1,032.04	\$572.47	\$459.57	\$293.80	\$572.47
	D80	SELF + 1 DEPENDENT	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$726.25	\$1,172.06	\$1,006.29	\$726.25
	F80	SELF + DEPENDENTS	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$770.88	\$1,647.19	\$1,481.42	\$770.88
42 4050										
PERS SELECT										
PPO 80/20										
SE01	E80	SELF	\$543.19	\$140.77	\$25.00	\$708.96	\$572.47	\$136.49	\$0.00	\$543.19
	D80	SELF + 1 DEPENDENT	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$726.25	\$525.90	\$360.13	\$726.25
	F80	SELF + DEPENDENTS	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$770.88	\$807.18	\$641.41	\$770.88
43 4060										
PERS CARE										
PPO 90/10										
CA01	E80	SELF	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$572.47	\$724.98	\$559.21	\$572.47
	D80	SELF + 1 DEPENDENT	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$726.25	\$1,702.88	\$1,537.11	\$726.25
	F80	SELF + DEPENDENTS	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$770.88	\$2,337.26	\$2,171.49	\$770.88

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 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	
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$572.47	\$424.74	\$258.97	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$726.25	\$1,102.40	\$936.63	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$770.88	\$1,556.63	\$1,390.86	\$770.88
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$572.47	\$704.43	\$538.66	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$726.25	\$1,661.78	\$1,496.01	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$770.88	\$2,283.83	\$2,118.06	\$770.88
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	\$572.47	\$494.85	\$329.08	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$726.25	\$1,242.62	\$1,076.85	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$770.88	\$1,738.92	\$1,573.15	\$770.88
Western Health Advantage HMO PLAN											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$572.47	\$360.31	\$194.54	\$572.47
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$726.25	\$973.54	\$807.77	\$726.25
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$770.88	\$1,389.12	\$1,223.35	\$770.88

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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.