



**BAY AREA
2019 MATRIX**

SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.6875

**PAYROLL USE
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									Health Cost	ER Health Cost	
			eff 9/30/17	eff 1-1-16	Revised CAP 4-30-15						
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$458.93	\$475.09	\$309.32	\$458.93
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$570.63	\$1,131.64	\$965.87	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$605.69	\$1,557.53	\$1,391.76	\$605.69
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$457.88	\$678.79	\$513.02	\$457.88
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$570.63	\$1,536.94	\$1,371.17	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$605.69	\$2,084.42	\$1,918.65	\$605.69
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$866.27	\$140.77	\$25.00	\$1,032.04	\$449.80	\$582.24	\$416.47	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$570.63	\$1,327.68	\$1,161.91	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$605.69	\$1,812.38	\$1,646.61	\$605.69
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$449.80	\$259.16	\$93.39	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$570.63	\$681.52	\$515.75	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$605.69	\$972.37	\$806.60	\$605.69
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$449.80	\$847.65	\$681.88	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$570.63	\$1,858.50	\$1,692.73	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$605.69	\$2,502.45	\$2,336.68	\$605.69

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
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$449.80	\$547.41	\$381.64	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$570.63	\$1,258.02	\$1,092.25	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$605.69	\$1,721.82	\$1,556.05	\$605.69
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$449.80	\$827.10	\$661.33	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$570.63	\$1,817.40	\$1,651.63	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$605.69	\$2,449.02	\$2,283.25	\$605.69
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	\$449.80	\$617.52	\$451.75	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$570.63	\$1,398.24	\$1,232.47	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$605.69	\$1,904.11	\$1,738.34	\$605.69
Western Health Advantage HMO PLAN											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$449.80	\$482.98	\$317.21	\$449.80
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$570.63	\$1,129.16	\$963.39	\$570.63
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$605.69	\$1,554.31	\$1,388.54	\$605.69

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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.