



**BAY AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

0.825

**LEA 85% EMPLOYEES WITH 2018 CAPS**

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

0.85

									PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Applied to Health 1st										
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E60	SELF	\$768.25	\$142.35	\$20.00	\$930.60	\$553.71	\$376.89	\$214.54	\$553.71
	D60	SELF + 1 DEPENDENT	\$1,536.50	\$142.35	\$20.00	\$1,698.85	\$1,010.82	\$688.03	\$525.68	\$1,010.82
	F60	SELF + DEPENDENTS	\$1,997.45	\$142.35	\$20.00	\$2,159.80	\$1,285.08	\$874.72	\$712.37	\$1,285.08
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	\$970.90	\$142.35	\$20.00	\$1,133.25	\$646.83	\$486.42	\$324.07	\$646.83
	D60	SELF + 1 DEPENDENT	\$1,941.80	\$142.35	\$20.00	\$2,104.15	\$1,201.00	\$903.15	\$740.80	\$1,201.00
	F60	SELF + DEPENDENTS	\$2,524.34	\$142.35	\$20.00	\$2,686.69	\$1,533.49	\$1,153.20	\$990.85	\$1,533.49
<b>41 4040</b>										
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>										
CH01	E60	SELF	\$866.27	\$142.35	\$20.00	\$1,028.62	\$585.80	\$442.82	\$280.47	\$585.80
	D60	SELF + 1 DEPENDENT	\$1,732.54	\$142.35	\$20.00	\$1,894.89	\$1,079.14	\$815.75	\$653.40	\$1,079.14
	F60	SELF + DEPENDENTS	\$2,252.30	\$142.35	\$20.00	\$2,414.65	\$1,375.15	\$1,039.50	\$877.15	\$1,375.15
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	\$543.19	\$142.35	\$20.00	\$705.54	\$383.82	\$321.72	\$159.37	\$383.82
	D60	SELF + 1 DEPENDENT	\$1,086.38	\$142.35	\$20.00	\$1,248.73	\$679.31	\$569.42	\$407.07	\$679.31
	F60	SELF + DEPENDENTS	\$1,412.29	\$142.35	\$20.00	\$1,574.64	\$856.60	\$718.04	\$555.69	\$856.60
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	\$1,131.68	\$142.35	\$20.00	\$1,294.03	\$615.96	\$678.07	\$515.72	\$615.96
	D60	SELF + 1 DEPENDENT	\$2,263.36	\$142.35	\$20.00	\$2,425.71	\$1,154.64	\$1,271.07	\$1,108.72	\$1,154.64
	F60	SELF + DEPENDENTS	\$2,942.37	\$142.35	\$20.00	\$3,104.72	\$1,477.84	\$1,626.88	\$1,464.53	\$1,477.84

*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.



**BAY AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

LEA 85% EMPLOYEES WITH 2018 CAPS									PAYROLL USE ONLY		
Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19									EE	ER	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	Health Cost	Health Cost	
Applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$142.35	\$20.00	\$993.79	\$430.81	\$562.98	\$400.63	\$430.81
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$142.35	\$20.00	\$1,825.23	\$791.24	\$1,033.99	\$871.64	\$791.24
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$142.35	\$20.00	\$2,324.09	\$1,007.50	\$1,316.59	\$1,154.24	\$1,007.50
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$142.35	\$20.00	\$1,273.48	\$552.05	\$721.43	\$559.08	\$552.05
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$142.35	\$20.00	\$2,384.61	\$1,033.73	\$1,350.88	\$1,188.53	\$1,033.73
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$142.35	\$20.00	\$3,051.29	\$1,322.74	\$1,728.55	\$1,566.20	\$1,322.74
<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>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 901.55	\$142.35	\$20.00	\$1,063.90	\$452.16	\$ 611.74	\$449.39	\$452.16
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$142.35	\$20.00	\$1,965.45	\$835.32	\$ 1,130.13	\$967.78	\$835.32
		SELF + DEPENDENTS	3	\$ 2,344.03	\$142.35	\$20.00	\$2,506.38	\$1,065.21	\$ 1,441.17	\$1,278.82	\$1,065.21
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 767.01	\$142.35	\$20.00	\$929.36	\$495.55	\$ 433.81	\$271.46	\$495.55
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$142.35	\$20.00	\$1,696.37	\$938.66	\$ 757.71	\$595.36	\$938.66
		SELF + DEPENDENTS	3	\$ 1,994.23	\$142.35	\$20.00	\$2,156.58	\$1,204.52	\$ 952.06	\$789.71	\$1,204.52

*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.

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information