



**BAY AREA  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 55% EMPLOYEES WITH 2018 CAPS**

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

0.55

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	\$358.28	\$572.32	\$409.97	\$358.28
	D60	SELF + 1 DEPENDENT	\$1,536.50	\$142.35	\$20.00	\$1,698.85	\$654.06	\$1,044.79	\$882.44	\$654.06
	F60	SELF + DEPENDENTS	\$1,997.45	\$142.35	\$20.00	\$2,159.80	\$831.52	\$1,328.28	\$1,165.93	\$831.52
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	\$970.90	\$142.35	\$20.00	\$1,133.25	\$418.54	\$714.71	\$552.36	\$418.54
	D60	SELF + 1 DEPENDENT	\$1,941.80	\$142.35	\$20.00	\$2,104.15	\$777.12	\$1,327.03	\$1,164.68	\$777.12
	F60	SELF + DEPENDENTS	\$2,524.34	\$142.35	\$20.00	\$2,686.69	\$992.26	\$1,694.43	\$1,532.08	\$992.26
<b>41 4040</b>										
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>										
CH01	E60	SELF	\$866.27	\$142.35	\$20.00	\$1,028.62	\$379.05	\$649.57	\$487.22	\$379.05
	D60	SELF + 1 DEPENDENT	\$1,732.54	\$142.35	\$20.00	\$1,894.89	\$698.27	\$1,196.62	\$1,034.27	\$698.27
	F60	SELF + DEPENDENTS	\$2,252.30	\$142.35	\$20.00	\$2,414.65	\$889.80	\$1,524.85	\$1,362.50	\$889.80
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	\$543.19	\$142.35	\$20.00	\$705.54	\$248.35	\$457.19	\$294.84	\$248.35
	D60	SELF + 1 DEPENDENT	\$1,086.38	\$142.35	\$20.00	\$1,248.73	\$439.55	\$809.18	\$646.83	\$439.55
	F60	SELF + DEPENDENTS	\$1,412.29	\$142.35	\$20.00	\$1,574.64	\$554.27	\$1,020.37	\$858.02	\$554.27
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	\$1,131.68	\$142.35	\$20.00	\$1,294.03	\$398.56	\$895.47	\$733.12	\$398.56
	D60	SELF + 1 DEPENDENT	\$2,263.36	\$142.35	\$20.00	\$2,425.71	\$747.12	\$1,678.59	\$1,516.24	\$747.12
	F60	SELF + DEPENDENTS	\$2,942.37	\$142.35	\$20.00	\$3,104.72	\$956.25	\$2,148.47	\$1,986.12	\$956.25

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.



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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH			
Applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$831.44	\$142.35	\$20.00	\$993.79	\$278.76	\$715.03	\$552.68	\$278.76
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$142.35	\$20.00	\$1,825.23	\$511.98	\$1,313.25	\$1,150.90	\$511.98
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$142.35	\$20.00	\$2,324.09	\$651.91	\$1,672.18	\$1,509.83	\$651.91
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,111.13	\$142.35	\$20.00	\$1,273.48	\$357.21	\$916.27	\$753.92	\$357.21
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$142.35	\$20.00	\$2,384.61	\$668.88	\$1,715.73	\$1,553.38	\$668.88
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$142.35	\$20.00	\$3,051.29	\$855.89	\$2,195.40	\$2,033.05	\$855.89
<b>United HealthCare</b>											
<b>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</b>											
<b>HMO PLAN</b>											
		SELF	1	\$ 901.55	\$142.35	\$20.00	\$1,063.90	\$292.57	\$ 771.33	\$608.98	\$292.57
		SELF + 1 DEPENDENT	2	\$ 1,803.10	\$142.35	\$20.00	\$1,965.45	\$540.50	\$ 1,424.95	\$1,262.60	\$540.50
		SELF + DEPENDENTS	3	\$ 2,344.03	\$142.35	\$20.00	\$2,506.38	\$689.25	\$ 1,817.13	\$1,654.78	\$689.25
<b>Western Health Advantage</b>											
<b>HMO PLAN</b>											
		SELF	1	\$ 767.01	\$142.35	\$20.00	\$929.36	\$320.65	\$ 608.71	\$446.36	\$320.65
		SELF + 1 DEPENDENT	2	\$ 1,534.02	\$142.35	\$20.00	\$1,696.37	\$607.37	\$ 1,089.00	\$926.65	\$607.37
		SELF + DEPENDENTS	3	\$ 1,994.23	\$142.35	\$20.00	\$2,156.58	\$779.39	\$ 1,377.19	\$1,214.84	\$779.39

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