



**BAY AREA
2019 MATRIX**

SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.75

								PAYROLL USE ONLY			
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				
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$768.25	\$140.77	\$25.00	\$934.02	\$500.65	\$433.37	\$267.60	\$500.65
	D80	SELF + 1 DEPENDENT	2	\$1,536.50	\$140.77	\$25.00	\$1,702.27	\$622.50	\$1,079.77	\$914.00	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,997.45	\$140.77	\$25.00	\$2,163.22	\$660.75	\$1,502.47	\$1,336.70	\$660.75
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$970.90	\$140.77	\$25.00	\$1,136.67	\$499.51	\$637.16	\$471.39	\$499.51
	D80	SELF + 1 DEPENDENT	2	\$1,941.80	\$140.77	\$25.00	\$2,107.57	\$622.50	\$1,485.07	\$1,319.30	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,524.34	\$140.77	\$25.00	\$2,690.11	\$660.75	\$2,029.36	\$1,863.59	\$660.75
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$866.27	\$140.77	\$25.00	\$1,032.04	\$490.69	\$541.35	\$375.58	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,732.54	\$140.77	\$25.00	\$1,898.31	\$622.50	\$1,275.81	\$1,110.04	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,252.30	\$140.77	\$25.00	\$2,418.07	\$660.75	\$1,757.32	\$1,591.55	\$660.75
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$543.19	\$140.77	\$25.00	\$708.96	\$490.69	\$218.27	\$52.50	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,086.38	\$140.77	\$25.00	\$1,252.15	\$622.50	\$629.65	\$463.88	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,412.29	\$140.77	\$25.00	\$1,578.06	\$660.75	\$917.31	\$751.54	\$660.75
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,131.68	\$140.77	\$25.00	\$1,297.45	\$490.69	\$806.76	\$640.99	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$2,263.36	\$140.77	\$25.00	\$2,429.13	\$622.50	\$1,806.63	\$1,640.86	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,942.37	\$140.77	\$25.00	\$3,108.14	\$660.75	\$2,447.39	\$2,281.62	\$660.75

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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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 Health Cost	ER Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$140.77	\$25.00	\$997.21	\$490.69	\$506.52	\$340.75	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$140.77	\$25.00	\$1,828.65	\$622.50	\$1,206.15	\$1,040.38	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$140.77	\$25.00	\$2,327.51	\$660.75	\$1,666.76	\$1,500.99	\$660.75
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$140.77	\$25.00	\$1,276.90	\$490.69	\$786.21	\$620.44	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$140.77	\$25.00	\$2,388.03	\$622.50	\$1,765.53	\$1,599.76	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$140.77	\$25.00	\$3,054.71	\$660.75	\$2,393.96	\$2,228.19	\$660.75
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	\$490.69	\$576.63	\$410.86	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$140.77	\$25.00	\$1,968.87	\$622.50	\$1,346.37	\$1,180.60	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$140.77	\$25.00	\$2,509.80	\$660.75	\$1,849.05	\$1,683.28	\$660.75
Western Health Advantage HMO PLAN											
		SELF	1	\$767.01	\$140.77	\$25.00	\$932.78	\$490.69	\$442.09	\$276.32	\$490.69
		SELF + 1 DEPENDENT	2	\$1,534.02	\$140.77	\$25.00	\$1,699.79	\$622.50	\$1,077.29	\$911.52	\$622.50
		SELF + DEPENDENTS	3	\$1,994.23	\$140.77	\$25.00	\$2,160.00	\$660.75	\$1,499.25	\$1,333.48	\$660.75

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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.