

## **BAY AREA** 2018 MATRIX

	<u>Å</u>		2016 MIAT								
LOCI 1 Image: Construct   Unified School District LPPA 60% EMPLOYEES WITH 2016 CAPS   Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18										PAYROLL USE ONLY	
DICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 9/30/17	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
22 4030											
KAISER	HMO										
E70	SELF	1	\$779.86	\$145.66	\$25.00	\$950.52	\$463.23	\$487.29	\$316.63	\$463.23	
<b>D</b> 70	SELF + 1 DEPENDENT	2	\$1,559.72	\$145.66	\$25.00	\$1,730.38	\$463.23	<b>\$1,2</b> 67.15	\$1,096.49	\$463.23	
F70	SELF + DEPENDENTS	3	\$2,027.64	\$145.66	\$25.00	\$2,198.30	\$463.23	\$1,735.07	\$1,564.41	\$463.23	
	IIMO										
	-	1	¢000.0 <b>2</b>	#1 4F ()	# <b>2</b> 5.00	¢1.050.49	\$4(2.22		¢405.70	¢4(2.02	
		1				. ,				\$463.23 \$463.23	
<b>41 4040</b>	SELF + DEPENDENTS	3	\$2,311.43	\$145.00	\$25.00	\$2,402.11	\$403.23	\$2,010.00	\$1,040.22	\$463.23	
Blue Cross- PERS	5										
CHOICE	PPO 80/20										
E70	SELF	1	\$800.27	\$145.66	\$25.00	\$970.93	\$463.23	\$507.70	\$337.04	\$463.23	
D70	SELF + 1 DEPENDENT	2	\$1,600.54	\$145.66	\$25.00	\$1,771.20	\$463.23	<b>\$1,3</b> 07.97	\$1,137.31	\$463.23	
F70	SELF + DEPENDENTS	3	\$2,080.70	\$145.66	\$25.00	\$2,251.36	\$463.23	<b>\$1,</b> 788.13	\$1,617.47	\$463.23	
42 4050											
	PPO 80/20										
E70	SELF	1	\$717.50	\$145.66	\$25.00	\$888.16	\$463.23	\$424.93	\$254.27	\$463.23	
D70	SELF + 1 DEPENDENT	2	\$1,435.00	\$145.66	\$25.00	\$1,605.66	\$463.23	\$1,142.43	\$971.77	\$463.23	
F70	SELF + DEPENDENTS	3	\$1,865.50	\$145.66	\$25.00	\$2,036.16	\$463.23	\$1,572.93	\$1,402.27	\$463.23	
43 4060											
	<b>PPO 90/10</b>										
	•	1	\$882.45	\$145.66	\$25.00	\$1 053 11	\$463.23	\$589.88	\$419.22	\$463.23	
		2								\$463.23	
		3								\$463.23	
	22 4030   22 4030   KAISER 10   E70 10   52 4010   JE SHIELD ACCESS 10   E70 10   D70 10   F70 10   JE SHIELD ACCESS 10   E70 10   D70 10   F70 41   4040 10   Blue Cross- PERS   CHOICE 10   E70 10   D70 10   F70 42   4050 10   PERS SELECT 10   E70 10   D70 10	fied School DistrictRfied School DistrictPLAN22<4030PLAN23<4030	Field School District   Rates effective with     DICAL PROVIDER   PLAN   TIERS     22   4030   Kaisser   HMO     E70   SELF   1     D70   SELF + 1 DEPENDENT   2     F70   SELF + 1 DEPENDENT   3     52   4010   J     JE SHIELD ACCESS   HMO   E     E70   SELF + 1 DEPENDENT   2     F70   SELF + 1 DEPENDENT   2     F70   SELF + 1 DEPENDENT   2     F70   SELF + 1 DEPENDENT   3     41   4040   Blue Cross-   PERS     Blue Cross-   PERS   1   70     SELF + 1 DEPENDENT   2   70   SELF + 1 DEPENDENT     6   PHO 80/20   E70   SELF + 1 DEPENDENT   3     42   4050   PERS SELECT   PPO 80/20   E70     E70   SELF + 1 DEPENDENT   2   70   SELF + 1 DEPENDENT   3     43   4060   PPO 90/10   E70   SELF	Field School District   Rates effective with paychecks 12/31/17     DICAL PROVIDER   PLAN   TIERS   MEDICAL     22   4030   KAISSER   HMO   Self   1   \$779.86     D70   SELF   1   \$779.86   D70   SELF + 1 DEPENDENT   2   \$1,559.72     F70   SELF + DEPENDENT   3   \$2,027.64   32   4010     JE SHIELD ACCESS   HMO   E   E   1   \$889.02   D70   SELF + 1 DEPENDENT   2   \$1,778.04     E70   SELF + 1 DEPENDENT   2   \$1,778.04   F70   SELF + 1 DEPENDENT   2   \$1,00.440     Blue Cross-   PERS   CHOICE   PPO 80/20   E   E     E70   SELF + 1 DEPENDENT   2   \$1,600.54   F70   SELF + 1 S   \$80.27     D70   SELF + 1 DEPENDENT   2   \$1,600.54   F70   SELF + 1 S   \$80.27     D70   SELF + 1 DEPENDENT   3   \$2,080.70   \$2,080.70   \$2,080.70   \$2,080.70   \$2,080.70 <th< td=""><td>Field School District   Rates effective with paychecks <math>12/31/17</math> to <math>11/30/18</math>; Inst     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL eff9/30/17     22   4030   eff9/30/17   eff9/30/17   eff9/30/17     22   4030   eff9/30/17   eff9/30/17   eff9/30/17     23   4030   Eff   1   \$779.86   \$145.66     D70   SELF   1   \$779.86   \$145.66     D70   SELF + DEPENDENT   2   \$1,559.72   \$145.66     D70   SELF + DEPENDENT   3   \$2,027.64   \$145.66     D70   SELF   1   \$889.02   \$145.66     D70   SELF + DEPENDENT   2   \$1,778.04   \$145.66     D70   SELF + DEPENDENT   3   \$2,311.45   \$145.66     D70   SELF + 1   \$800.27   \$145.66     D70   SELF + 1   \$800.27   \$145.66     D70   SELF + DEPENDENT   2   \$1,600.54   \$145.66     D70   SELF + DEPENDENT   2</td><td>Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective of     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL   VISION     22   4030   eff 9/30/17   eff 9/30/17   eff 9/30/17   eff 9/30/17     Z   4030   SELF   1   \$779.86   \$145.66   \$25.00     D70   SELF   1 DEPENDENT   2   \$1,559.72   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,559.72   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   3   \$2,027.64   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,778.04   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,778.04   \$145.66   \$25.00     J70   SELF   1   \$800.27   \$145.66   \$25.00     J70   SELF   1   \$800.27   \$145.66   \$25.00     J70   SELF   1   \$80.27   \$145.66   \$25.00</td><td>Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL DENTAL   VISION eff94.15   DENEFITS TOTAL     22 4030   eff9/30/17   eff9/30/11</td><td>Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18     NCAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL   VISION   BENEFITS TOTAL   DISTRICT CAP     KAISER   HMO   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17     KAISER   HMO   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17     E70   SELF   1   \$779.86   \$145.66   \$25.00   \$950.52   \$463.23     D70   SELF + 1 DEPENDENTS   3   \$2,027.64   \$145.66   \$25.00   \$1,730.38   \$463.23     B70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$800.27   \$145.66   \$25.00   \$1,71.20   \$463.23     D70</td><td>Hed School District   Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18   BENEFITS TOTAL   DISTRICT CAP   EMPLOYEE COST PER TOTAL   EMPLOYEE TOTAL   EMPLOYEE TOTAL</td></th<> <td>Rates effective with psycheds 12/31/17 to 11/30/18; Insurance Effective on 1/1/18   MEDICAL PROVIDER   DISTRICT   BETOP CAP   <thcap< th="">   CAP   CAP</thcap<></td>	Field School District   Rates effective with paychecks $12/31/17$ to $11/30/18$ ; Inst     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL eff9/30/17     22   4030   eff9/30/17   eff9/30/17   eff9/30/17     22   4030   eff9/30/17   eff9/30/17   eff9/30/17     23   4030   Eff   1   \$779.86   \$145.66     D70   SELF   1   \$779.86   \$145.66     D70   SELF + DEPENDENT   2   \$1,559.72   \$145.66     D70   SELF + DEPENDENT   3   \$2,027.64   \$145.66     D70   SELF   1   \$889.02   \$145.66     D70   SELF + DEPENDENT   2   \$1,778.04   \$145.66     D70   SELF + DEPENDENT   3   \$2,311.45   \$145.66     D70   SELF + 1   \$800.27   \$145.66     D70   SELF + 1   \$800.27   \$145.66     D70   SELF + DEPENDENT   2   \$1,600.54   \$145.66     D70   SELF + DEPENDENT   2	Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective of     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL   VISION     22   4030   eff 9/30/17   eff 9/30/17   eff 9/30/17   eff 9/30/17     Z   4030   SELF   1   \$779.86   \$145.66   \$25.00     D70   SELF   1 DEPENDENT   2   \$1,559.72   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,559.72   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   3   \$2,027.64   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,778.04   \$145.66   \$25.00     J70   SELF   1 DEPENDENT   2   \$1,778.04   \$145.66   \$25.00     J70   SELF   1   \$800.27   \$145.66   \$25.00     J70   SELF   1   \$800.27   \$145.66   \$25.00     J70   SELF   1   \$80.27   \$145.66   \$25.00	Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18     DICAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL DENTAL   VISION eff94.15   DENEFITS TOTAL     22 4030   eff9/30/17   eff9/30/11	Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18     NCAL PROVIDER   PLAN   TIERS   MEDICAL   DENTAL   VISION   BENEFITS TOTAL   DISTRICT CAP     KAISER   HMO   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17     KAISER   HMO   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17   eff9/30/17     E70   SELF   1   \$779.86   \$145.66   \$25.00   \$950.52   \$463.23     D70   SELF + 1 DEPENDENTS   3   \$2,027.64   \$145.66   \$25.00   \$1,730.38   \$463.23     B70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$889.02   \$145.66   \$25.00   \$1,059.68   \$463.23     D70   SELF   1   \$800.27   \$145.66   \$25.00   \$1,71.20   \$463.23     D70	Hed School District   Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18   BENEFITS TOTAL   DISTRICT CAP   EMPLOYEE COST PER TOTAL   EMPLOYEE TOTAL   EMPLOYEE TOTAL	Rates effective with psycheds 12/31/17 to 11/30/18; Insurance Effective on 1/1/18   MEDICAL PROVIDER   DISTRICT   BETOP CAP   CAP <thcap< th="">   CAP   CAP</thcap<>	

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 2018 MATRIX

LOCI X CON EMPLOYEES WITH 2016 CAPS									PAYROLL USE ONLY			
Unif	ied School Distric	R	ates effective v	vith pay	checks 12/31/17	7 to 11/30/18; Inst	urance Effective o	n 1/1/18			EE	ER
MED	ICAL PROVIDER	PLAN	TIERS		MEDICAL	DENTAL eff 9/30/17	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	Health Cost	Health Cost
Anthem	HMO Select											
AHS1	E20	SELF	1		\$856.41	\$145.66	\$25.00	\$1,027.07	\$463.23	\$563.84	\$393.18	\$463.23
	D20	SELF + 1 DEPENDENT	2		\$1,712.82	\$145.66	\$25.00	\$1,883.48	\$463.23	\$1,420.25	\$1,249.59	\$463.23
	F20	SELF + DEPENDENTS	3		\$2,226.67	\$145.66	\$ <b>25</b> .00	\$2,397.33	\$463.23	\$1,934.10	\$1,763.44	\$463.23
Anthem	HMO Traditional											
AHT1	E20	SELF	1		\$925.47	\$145.66	\$25.00	\$1,096.13	\$463.23	\$632.90	\$462.24	\$463.23
	D20	SELF + 1 DEPENDENT	2		\$1,850.94	\$145.66	\$25.00	\$2,021.60	\$463.23	\$1,558.37	\$1,387.71	\$463.23
	F20	SELF + DEPENDENTS	3		\$2,406.22	\$145.66	\$25.00	\$2,576.88	\$463.23	\$2,113.65	\$1,942.99	\$463.23
United I	HealthCare	HMO PLAN										
UN01	E20	SELF	1		\$1,371.84	\$145.66	\$25.00	\$1,542.50	\$463.23	\$1,079.27	\$908.61	\$463.23
	D20	SELF + 1 DEPENDENT	2		\$2,743.68	\$145.66	\$25.00	\$2,914.34	\$463.23	\$2,451.11	\$2,280.45	\$463.23
	F20	SELF + DEPENDENTS	3		\$3,566.78	\$145.66	\$25.00	\$3,737.44	\$463.23	\$3,274.21	\$3,103.55	\$463.23
	Health Net											
	SmartCare	HMO PLAN										
		SELF	1	\$	863.48	\$145.66	\$25.00	\$1,034.14	\$463.23	\$ 570.91	\$400.25	\$463.23
		SELF + 1 DEPENDENT	2	\$	1,726.96	\$145.66	\$25.00	\$1,897.62	\$463.23	\$ 1,434.39	\$1,263.73	\$463.23
		SELF + DEPENDENTS	3	\$	2,245.05	\$145.66	\$25.00	\$2,415.71	\$463.23	\$ 1,952.48	\$1,781.82	\$463.23
Wester	n Health Advantage	HMO PLAN										
		SELF	1	\$	792.56	\$145.66	\$25.00	\$963.22	\$463.23	<b>\$</b> 499.99	\$329.33	\$463.23
		SELF + 1 DEPENDENT	2	\$	1,585.12	\$145.66	\$25.00	\$1,755.78	\$463.23	\$ 1,292.55	\$1,121.89	\$463.23
		SELF + DEPENDENTS	3	\$	2,060.66	\$145.66	\$25.00	\$2,231.32	\$463.23	\$ 1,768.09	\$1,597.43	\$463.23

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\*\*

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter and Yuba.