

**BENEFITTED EMPLOYEES MEDICAL PLANS
2019 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA
Effective: January 1, 2019 - December 31, 2019**

Plan Name	Plan Code	Plan Description	Premium	ACADEMICS SUPS, ADMINISTRATORS		AFT (Full-Time Faculty)		TRUSTEES		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS, CONFIDENTIAL		CLASSIFIED EXEMPT SUPS	
				Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
HMO PLANS																	
Anthem Blue Cross Traditional (MAT)	4501	Single	\$ 1,111.13	\$ 739.00	\$ 372.13	\$ 825.00	\$ 286.13	\$ 789.00	\$ 322.13	\$ 764.00	\$ 347.13	\$ 830.00	\$ 281.13	\$ 775.00	\$ 336.13	\$ 739.00	\$ 372.13
	4502	2-Party	\$ 2,222.26	\$ 1,162.00	\$ 1,060.26	\$ 1,394.97	\$ 827.29	\$ 1,312.00	\$ 910.26	\$ 1,312.00	\$ 910.26	\$ 1,447.00	\$ 775.26	\$ 1,332.00	\$ 890.26	\$ 1,237.00	\$ 985.26
	4503	Family	\$ 2,888.94	\$ 1,519.00	\$ 1,369.94	\$ 1,828.41	\$ 1,060.53	\$ 1,717.00	\$ 1,171.94	\$ 1,717.00	\$ 1,171.94	\$ 1,889.39	\$ 999.55	\$ 1,734.00	\$ 1,154.94	\$ 1,617.00	\$ 1,271.94
Anthem Blue Cross Select (MAS)	4541	Single	\$ 831.44	\$ 739.00	\$ 92.44	\$ 825.00	\$ 6.44	\$ 789.00	\$ 42.44	\$ 764.00	\$ 67.44	\$ 830.00	\$ 1.44	\$ 775.00	\$ 56.44	\$ 739.00	\$ 92.44
Limited Network	4542	2-Party	\$ 1,662.88	\$ 1,162.00	\$ 500.88	\$ 1,394.97	\$ 267.91	\$ 1,312.00	\$ 350.88	\$ 1,312.00	\$ 350.88	\$ 1,447.00	\$ 215.88	\$ 1,332.00	\$ 330.88	\$ 1,237.00	\$ 425.88
	4543	Family	\$ 2,161.74	\$ 1,519.00	\$ 642.74	\$ 1,828.41	\$ 333.33	\$ 1,717.00	\$ 444.74	\$ 1,717.00	\$ 444.74	\$ 1,889.39	\$ 272.35	\$ 1,734.00	\$ 427.74	\$ 1,617.00	\$ 544.74
Kaiser Permanente (MKN)	1041	Single	\$ 768.25	\$ 739.00	\$ 29.25	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ 4.25	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ 29.25
	1042	2-Party	\$ 1,536.50	\$ 1,162.00	\$ 374.50	\$ 1,394.97	\$ 141.53	\$ 1,312.00	\$ 224.50	\$ 1,312.00	\$ 224.50	\$ 1,447.00	\$ 89.50	\$ 1,332.00	\$ 204.50	\$ 1,237.00	\$ 299.50
	1043	Family	\$ 1,997.45	\$ 1,519.00	\$ 478.45	\$ 1,828.41	\$ 169.04	\$ 1,717.00	\$ 280.45	\$ 1,717.00	\$ 280.45	\$ 1,889.39	\$ 108.06	\$ 1,734.00	\$ 263.45	\$ 1,617.00	\$ 380.45
HealthNet SmartCare (MHN)	3751	Single	\$ 901.55	\$ 739.00	\$ 162.55	\$ 825.00	\$ 76.55	\$ 789.00	\$ 112.55	\$ 764.00	\$ 137.55	\$ 830.00	\$ 71.55	\$ 775.00	\$ 126.55	\$ 739.00	\$ 162.55
	3752	2-Party	\$ 1,803.10	\$ 1,162.00	\$ 641.10	\$ 1,394.97	\$ 408.13	\$ 1,312.00	\$ 491.10	\$ 1,312.00	\$ 491.10	\$ 1,447.00	\$ 356.10	\$ 1,332.00	\$ 471.10	\$ 1,237.00	\$ 566.10
	3753	Family	\$ 2,344.03	\$ 1,519.00	\$ 825.03	\$ 1,828.41	\$ 515.62	\$ 1,717.00	\$ 627.03	\$ 1,717.00	\$ 627.03	\$ 1,889.39	\$ 454.64	\$ 1,734.00	\$ 610.03	\$ 1,617.00	\$ 727.03
Western Health Advantage	1791	Single	\$ 767.01	\$ 739.00	\$ 28.01	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ 3.01	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ 28.01
Only available in some counties	1792	2-Party	\$ 1,534.02	\$ 1,162.00	\$ 372.02	\$ 1,319.98	\$ 214.04	\$ 1,312.00	\$ 222.02	\$ 1,312.00	\$ 222.02	\$ 1,447.00	\$ 87.02	\$ 1,332.00	\$ 202.02	\$ 1,237.00	\$ 297.02
Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma and Yolo	1793	Family	\$ 1,994.23	\$ 1,519.00	\$ 475.23	\$ 1,828.41	\$ 165.82	\$ 1,717.00	\$ 277.23	\$ 1,717.00	\$ 277.23	\$ 1,889.39	\$ 104.84	\$ 1,734.00	\$ 260.23	\$ 1,617.00	\$ 377.23
PPO PLANS																	
Anthem Blue Cross PERS CHOICE (MCH)	1061	Single	\$ 866.27	\$ 739.00	\$ 127.27	\$ 825.00	\$ 41.27	\$ 789.00	\$ 77.27	\$ 764.00	\$ 102.27	\$ 830.00	\$ 36.27	\$ 775.00	\$ 91.27	\$ 739.00	\$ 127.27
80/20 Plan	1062	2-Party	\$ 1,732.54	\$ 1,162.00	\$ 570.54	\$ 1,394.97	\$ 337.57	\$ 1,312.00	\$ 420.54	\$ 1,312.00	\$ 420.54	\$ 1,447.00	\$ 285.54	\$ 1,332.00	\$ 400.54	\$ 1,237.00	\$ 495.54
	1063	Family	\$ 2,252.30	\$ 1,519.00	\$ 733.30	\$ 1,828.41	\$ 423.89	\$ 1,717.00	\$ 535.30	\$ 1,717.00	\$ 535.30	\$ 1,889.39	\$ 362.91	\$ 1,734.00	\$ 518.30	\$ 1,617.00	\$ 635.30
Anthem Blue Cross PERS SELECT (MSE)	1261	Single	\$ 543.19	\$ 739.00	\$ -	\$ 825.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 830.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
80/20 Plan - Reduced Network	1262	2-Party	\$ 1,086.38	\$ 1,162.00	\$ -	\$ 1,394.97	\$ -	\$ 1,312.00	\$ -	\$ 1,312.00	\$ -	\$ 1,447.00	\$ -	\$ 1,332.00	\$ -	\$ 1,237.00	\$ -
	1263	Family	\$ 1,412.29	\$ 1,519.00	\$ -	\$ 1,828.41	\$ -	\$ 1,717.00	\$ -	\$ 1,717.00	\$ -	\$ 1,889.39	\$ -	\$ 1,734.00	\$ -	\$ 1,617.00	\$ -
Anthem Blue Cross PERS CARE (MPC)	1221	Single	\$ 1,131.68	\$ 739.00	\$ 392.68	\$ 825.00	\$ 306.68	\$ 789.00	\$ 342.68	\$ 764.00	\$ 367.68	\$ 830.00	\$ 301.68	\$ 775.00	\$ 356.68	\$ 739.00	\$ 392.68
90/10 Plan	1222	2-Party	\$ 2,263.36	\$ 1,162.00	\$ 1,101.36	\$ 1,394.97	\$ 868.39	\$ 1,312.00	\$ 951.36	\$ 1,312.00	\$ 951.36	\$ 1,447.00	\$ 816.36	\$ 1,332.00	\$ 931.36	\$ 1,237.00	\$ 1,026.36
	1223	Family	\$ 2,942.37	\$ 1,519.00	\$ 1,423.37	\$ 1,828.41	\$ 1,113.96	\$ 1,717.00	\$ 1,225.37	\$ 1,717.00	\$ 1,225.37	\$ 1,889.39	\$ 1,052.98	\$ 1,734.00	\$ 1,208.37	\$ 1,617.00	\$ 1,325.37

Revised 08/20/2018

Note: AFT out-of-pocket rates are based on the negotiated 2018 medical caps.