

BENEFITTED EMPLOYEES MEDICAL PLANS																	
2017 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA																	
Effective: January 1, 2017-December 31, 2017																	
Plan Name	Plan Code	Plan Description	Premium	ACADEMICS SUPS, ADMINISTRATORS		(*) AFT (Regular 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
<b>HMO PLANS</b>																	
Anthem Blue Cross Traditional (MAT)	4501	Single	\$ 990.05	\$ 739.00	\$ 251.05	\$ 789.00	\$ 201.05	\$ 789.00	\$ 201.05	\$ 764.00	\$ 226.05	\$ 800.00	\$ 190.05	\$ 775.00	\$ 215.05	\$ 739.00	\$ 251.05
	4502	2-Party	\$ 1,980.10	\$ 1,162.00	\$ 818.10	\$ 1,212.00	\$ 768.10	\$ 1,312.00	\$ 668.10	\$ 1,312.00	\$ 668.10	\$ 1,372.00	\$ 608.10	\$ 1,332.00	\$ 648.10	\$ 1,237.00	\$ 743.10
	4503	Family	\$ 2,574.13	\$ 1,519.00	\$ 1,055.13	\$ 1,569.00	\$ 1,005.13	\$ 1,717.00	\$ 857.13	\$ 1,717.00	\$ 857.13	\$ 1,789.39	\$ 784.74	\$ 1,734.00	\$ 840.13	\$ 1,617.00	\$ 957.13
Anthem Blue Cross Select (MAS)	4541	Single	\$ 783.46	\$ 739.00	\$ 44.46	\$ 789.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ 19.46	\$ 800.00	\$ -	\$ 775.00	\$ 8.46	\$ 739.00	\$ 44.46
Limited Network	4542	2-Party	\$ 1,566.92	\$ 1,162.00	\$ 404.92	\$ 1,212.00	\$ 354.92	\$ 1,312.00	\$ 254.92	\$ 1,312.00	\$ 254.92	\$ 1,372.00	\$ 194.92	\$ 1,332.00	\$ 234.92	\$ 1,237.00	\$ 329.92
	4543	Family	\$ 2,037.00	\$ 1,519.00	\$ 518.00	\$ 1,569.00	\$ 468.00	\$ 1,717.00	\$ 320.00	\$ 1,717.00	\$ 320.00	\$ 1,789.39	\$ 247.61	\$ 1,734.00	\$ 303.00	\$ 1,617.00	\$ 420.00
Blue Shield Access+ (MBS)	1021	Single	\$ 1,024.85	\$ 739.00	\$ 285.85	\$ 789.00	\$ 235.85	\$ 789.00	\$ 235.85	\$ 764.00	\$ 260.85	\$ 800.00	\$ 224.85	\$ 775.00	\$ 249.85	\$ 739.00	\$ 285.85
	1022	2-Party	\$ 2,049.70	\$ 1,162.00	\$ 887.70	\$ 1,212.00	\$ 837.70	\$ 1,312.00	\$ 737.70	\$ 1,312.00	\$ 737.70	\$ 1,372.00	\$ 677.70	\$ 1,332.00	\$ 717.70	\$ 1,237.00	\$ 812.70
	1023	Family	\$ 2,664.61	\$ 1,519.00	\$ 1,145.61	\$ 1,569.00	\$ 1,095.61	\$ 1,717.00	\$ 947.61	\$ 1,717.00	\$ 947.61	\$ 1,789.39	\$ 875.22	\$ 1,734.00	\$ 930.61	\$ 1,617.00	\$ 1,047.61
Kaiser Permanente (MKN)	1041	Single	\$ 733.39	\$ 739.00	\$ -	\$ 789.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 800.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
	1042	2-Party	\$ 1,466.78	\$ 1,162.00	\$ 304.78	\$ 1,212.00	\$ 254.78	\$ 1,312.00	\$ 154.78	\$ 1,312.00	\$ 154.78	\$ 1,372.00	\$ 94.78	\$ 1,332.00	\$ 134.78	\$ 1,237.00	\$ 229.78
	1043	Family	\$ 1,906.81	\$ 1,519.00	\$ 387.81	\$ 1,569.00	\$ 337.81	\$ 1,717.00	\$ 189.81	\$ 1,717.00	\$ 189.81	\$ 1,789.39	\$ 117.42	\$ 1,734.00	\$ 172.81	\$ 1,617.00	\$ 289.81
HealthNet SmartCare (MHN)	3751	Single	\$ 733.29	\$ 739.00	\$ -	\$ 789.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 800.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
	3752	2-Party	\$ 1,466.58	\$ 1,162.00	\$ 304.58	\$ 1,212.00	\$ 254.58	\$ 1,312.00	\$ 154.58	\$ 1,312.00	\$ 154.58	\$ 1,372.00	\$ 94.58	\$ 1,332.00	\$ 134.58	\$ 1,237.00	\$ 229.58
	3753	Family	\$ 1,906.55	\$ 1,519.00	\$ 387.55	\$ 1,569.00	\$ 337.55	\$ 1,717.00	\$ 189.55	\$ 1,717.00	\$ 189.55	\$ 1,789.39	\$ 117.16	\$ 1,734.00	\$ 172.55	\$ 1,617.00	\$ 289.55
Unitedhealthcare (MUH)	4261	Single	\$ 1,062.26	\$ 739.00	\$ 323.26	\$ 789.00	\$ 273.26	\$ 789.00	\$ 273.26	\$ 764.00	\$ 298.26	\$ 800.00	\$ 262.26	\$ 775.00	\$ 287.26	\$ 739.00	\$ 323.26
	4262	2-Party	\$ 2,124.52	\$ 1,162.00	\$ 962.52	\$ 1,212.00	\$ 912.52	\$ 1,312.00	\$ 812.52	\$ 1,312.00	\$ 812.52	\$ 1,372.00	\$ 752.52	\$ 1,332.00	\$ 792.52	\$ 1,237.00	\$ 887.52
	4263	Family	\$ 2,761.88	\$ 1,519.00	\$ 1,242.88	\$ 1,569.00	\$ 1,192.88	\$ 1,717.00	\$ 1,044.88	\$ 1,717.00	\$ 1,044.88	\$ 1,789.39	\$ 972.49	\$ 1,734.00	\$ 1,027.88	\$ 1,617.00	\$ 1,144.88
<b>PPO PLANS</b>																	
Anthem Blue Cross PERS CHOICE (MCH)	1061	Single	\$ 830.30	\$ 739.00	\$ 91.30	\$ 789.00	\$ 41.30	\$ 789.00	\$ 41.30	\$ 764.00	\$ 66.30	\$ 800.00	\$ 30.30	\$ 775.00	\$ 55.30	\$ 739.00	\$ 91.30
80/20 Plan	1062	2-Party	\$ 1,660.60	\$ 1,162.00	\$ 498.60	\$ 1,212.00	\$ 448.60	\$ 1,312.00	\$ 348.60	\$ 1,312.00	\$ 348.60	\$ 1,372.00	\$ 288.60	\$ 1,332.00	\$ 328.60	\$ 1,237.00	\$ 423.60
	1063	Family	\$ 2,158.78	\$ 1,519.00	\$ 639.78	\$ 1,569.00	\$ 589.78	\$ 1,717.00	\$ 441.78	\$ 1,717.00	\$ 441.78	\$ 1,789.39	\$ 369.39	\$ 1,734.00	\$ 424.78	\$ 1,617.00	\$ 541.78
Anthem Blue Cross PERS SELECT (MSE)	1261	Single	\$ 736.27	\$ 739.00	\$ -	\$ 789.00	\$ -	\$ 789.00	\$ -	\$ 764.00	\$ -	\$ 800.00	\$ -	\$ 775.00	\$ -	\$ 739.00	\$ -
80/20 Plan - Reduced Network	1262	2-Party	\$ 1,472.54	\$ 1,162.00	\$ 310.54	\$ 1,212.00	\$ 260.54	\$ 1,312.00	\$ 160.54	\$ 1,312.00	\$ 160.54	\$ 1,372.00	\$ 100.54	\$ 1,332.00	\$ 140.54	\$ 1,237.00	\$ 235.54
	1263	Family	\$ 1,914.30	\$ 1,519.00	\$ 395.30	\$ 1,569.00	\$ 345.30	\$ 1,717.00	\$ 197.30	\$ 1,717.00	\$ 197.30	\$ 1,789.39	\$ 124.91	\$ 1,734.00	\$ 180.30	\$ 1,617.00	\$ 297.30
Anthem Blue Cross PERS CARE (MPC)	1221	Single	\$ 932.39	\$ 739.00	\$ 193.39	\$ 789.00	\$ 143.39	\$ 789.00	\$ 143.39	\$ 764.00	\$ 168.39	\$ 800.00	\$ 132.39	\$ 775.00	\$ 157.39	\$ 739.00	\$ 193.39
90/10 Plan	1222	2-Party	\$ 1,864.78	\$ 1,162.00	\$ 702.78	\$ 1,212.00	\$ 652.78	\$ 1,312.00	\$ 552.78	\$ 1,312.00	\$ 552.78	\$ 1,372.00	\$ 492.78	\$ 1,332.00	\$ 532.78	\$ 1,237.00	\$ 627.78
	1223	Family	\$ 2,424.21	\$ 1,519.00	\$ 905.21	\$ 1,569.00	\$ 855.21	\$ 1,717.00	\$ 707.21	\$ 1,717.00	\$ 707.21	\$ 1,789.39	\$ 634.82	\$ 1,734.00	\$ 690.21	\$ 1,617.00	\$ 807.21

Revised 05/2017

Note  
 (\*)AFT medical caps have not been determined for 2017, the medical caps shown are taken from 2016.