

BENEFITTED EMPLOYEES MEDICAL PLANS
2018 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA
 Effective: January 1, 2018 - December 31, 2018

| | | | | AFSCME (Facilities) | | CSEA (Classified) | | CLASSIFIED PROF/SUPS, CONFIDENTIAL | | CLASSIFIED EXEMPT SUPS | |
|--|-----------|------------------|-------------|--------------------------|---------------|--------------------------|---------------|---------------------------------------|---------------|--------------------------|---------------|
| Plan Name | Plan Code | Plan Description | Premium | 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 | \$ 925.47 | \$ 764.00 | \$ 161.47 | \$ 800.00 | \$ 125.47 | \$ 775.00 | \$ 150.47 | \$ 739.00 | \$ 186.47 |
| | 4502 | 2-Party | \$ 1,850.94 | \$ 1,312.00 | \$ 538.94 | \$ 1,372.00 | \$ 478.94 | \$ 1,332.00 | \$ 518.94 | \$ 1,237.00 | \$ 613.94 |
| | 4503 | Family | \$ 2,406.22 | \$ 1,717.00 | \$ 689.22 | \$ 1,789.39 | \$ 616.83 | \$ 1,734.00 | \$ 672.22 | \$ 1,617.00 | \$ 789.22 |
| Anthem Blue Cross Select (MAS) | 4541 | Single | \$ 856.41 | \$ 764.00 | \$ 92.41 | \$ 800.00 | \$ 56.41 | \$ 775.00 | \$ 81.41 | \$ 739.00 | \$ 117.41 |
| Limited Network | 4542 | 2-Party | \$ 1,712.82 | \$ 1,312.00 | \$ 400.82 | \$ 1,372.00 | \$ 340.82 | \$ 1,332.00 | \$ 380.82 | \$ 1,237.00 | \$ 475.82 |
| | 4543 | Family | \$ 2,226.67 | \$ 1,717.00 | \$ 509.67 | \$ 1,789.39 | \$ 437.28 | \$ 1,734.00 | \$ 492.67 | \$ 1,617.00 | \$ 609.67 |
| Blue Shield Access+ (MBS) | 1021 | Single | \$ 889.02 | \$ 764.00 | \$ 125.02 | \$ 800.00 | \$ 89.02 | \$ 775.00 | \$ 114.02 | \$ 739.00 | \$ 150.02 |
| | 1022 | 2-Party | \$ 1,778.04 | \$ 1,312.00 | \$ 466.04 | \$ 1,372.00 | \$ 406.04 | \$ 1,332.00 | \$ 446.04 | \$ 1,237.00 | \$ 541.04 |
| | 1023 | Family | \$ 2,311.45 | \$ 1,717.00 | \$ 594.45 | \$ 1,789.39 | \$ 522.06 | \$ 1,734.00 | \$ 577.45 | \$ 1,617.00 | \$ 694.45 |
| Kaiser Permanente (MKN) | 1041 | Single | \$ 779.86 | \$ 764.00 | \$ 15.86 | \$ 800.00 | \$ - | \$ 775.00 | \$ 4.86 | \$ 739.00 | \$ 40.86 |
| | 1042 | 2-Party | \$ 1,559.72 | \$ 1,312.00 | \$ 247.72 | \$ 1,372.00 | \$ 187.72 | \$ 1,332.00 | \$ 227.72 | \$ 1,237.00 | \$ 322.72 |
| | 1043 | Family | \$ 2,027.64 | \$ 1,717.00 | \$ 310.64 | \$ 1,789.39 | \$ 238.25 | \$ 1,734.00 | \$ 293.64 | \$ 1,617.00 | \$ 410.64 |
| HealthNet SmartCare (MHN) | 3751 | Single | \$ 863.48 | \$ 764.00 | \$ 99.48 | \$ 800.00 | \$ 63.48 | \$ 775.00 | \$ 88.48 | \$ 739.00 | \$ 124.48 |
| | 3752 | 2-Party | \$ 1,726.96 | \$ 1,312.00 | \$ 414.96 | \$ 1,372.00 | \$ 354.96 | \$ 1,332.00 | \$ 394.96 | \$ 1,237.00 | \$ 489.96 |
| | 3753 | Family | \$ 2,245.05 | \$ 1,717.00 | \$ 528.05 | \$ 1,789.39 | \$ 455.66 | \$ 1,734.00 | \$ 511.05 | \$ 1,617.00 | \$ 628.05 |
| Unitedhealthcare (MUH) | 4261 | Single | \$ 1,371.84 | \$ 764.00 | \$ 607.84 | \$ 800.00 | \$ 571.84 | \$ 775.00 | \$ 596.84 | \$ 739.00 | \$ 632.84 |
| | 4262 | 2-Party | \$ 2,743.68 | \$ 1,312.00 | \$ 1,431.68 | \$ 1,372.00 | \$ 1,371.68 | \$ 1,332.00 | \$ 1,411.68 | \$ 1,237.00 | \$ 1,506.68 |
| | 4263 | Family | \$ 3,566.78 | \$ 1,717.00 | \$ 1,849.78 | \$ 1,789.39 | \$ 1,777.39 | \$ 1,734.00 | \$ 1,832.78 | \$ 1,617.00 | \$ 1,949.78 |
| Western Health Advantage | 1791 | Single | \$ 792.56 | \$ 764.00 | \$ 28.56 | \$ 800.00 | \$ - | \$ 775.00 | \$ 17.56 | \$ 739.00 | \$ 53.56 |
| <i>*Only available in some counties*</i> | 1792 | 2-Party | \$ 1,585.12 | \$ 1,312.00 | \$ 273.12 | \$ 1,372.00 | \$ 213.12 | \$ 1,332.00 | \$ 253.12 | \$ 1,237.00 | \$ 348.12 |
| <i>Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma and Yolo</i> | 1793 | Family | \$ 2,060.66 | \$ 1,717.00 | \$ 343.66 | \$ 1,789.39 | \$ 271.27 | \$ 1,734.00 | \$ 326.66 | \$ 1,617.00 | \$ 443.66 |
| PPO PLANS | | | | | | | | | | | |
| Anthem Blue Cross PERS CHOICE (MCH) | 1061 | Single | \$ 800.27 | \$ 764.00 | \$ 36.27 | \$ 800.00 | \$ 0.27 | \$ 775.00 | \$ 25.27 | \$ 739.00 | \$ 61.27 |
| <i>80/20 Plan</i> | 1062 | 2-Party | \$ 1,600.54 | \$ 1,312.00 | \$ 288.54 | \$ 1,372.00 | \$ 228.54 | \$ 1,332.00 | \$ 268.54 | \$ 1,237.00 | \$ 363.54 |
| | 1063 | Family | \$ 2,080.70 | \$ 1,717.00 | \$ 363.70 | \$ 1,789.39 | \$ 291.31 | \$ 1,734.00 | \$ 346.70 | \$ 1,617.00 | \$ 463.70 |
| Anthem Blue Cross PERS SELECT (MSE) | 1261 | Single | \$ 717.50 | \$ 764.00 | \$ - | \$ 800.00 | \$ - | \$ 775.00 | \$ - | \$ 739.00 | \$ - |
| <i>80/20 Plan - Reduced Network</i> | 1262 | 2-Party | \$ 1,435.00 | \$ 1,312.00 | \$ 123.00 | \$ 1,372.00 | \$ 63.00 | \$ 1,332.00 | \$ 103.00 | \$ 1,237.00 | \$ 198.00 |
| | 1263 | Family | \$ 1,865.50 | \$ 1,717.00 | \$ 148.50 | \$ 1,789.39 | \$ 76.11 | \$ 1,734.00 | \$ 131.50 | \$ 1,617.00 | \$ 248.50 |
| Anthem Blue Cross PERS CARE (MPC) | 1221 | Single | \$ 882.45 | \$ 764.00 | \$ 118.45 | \$ 800.00 | \$ 82.45 | \$ 775.00 | \$ 107.45 | \$ 739.00 | \$ 143.45 |
| <i>90/10 Plan</i> | 1222 | 2-Party | \$ 1,764.90 | \$ 1,312.00 | \$ 452.90 | \$ 1,372.00 | \$ 392.90 | \$ 1,332.00 | \$ 432.90 | \$ 1,237.00 | \$ 527.90 |
| | 1223 | Family | \$ 2,294.37 | \$ 1,717.00 | \$ 577.37 | \$ 1,789.39 | \$ 504.98 | \$ 1,734.00 | \$ 560.37 | \$ 1,617.00 | \$ 677.37 |

BENEFITTED EMPLOYEES MEDICAL PLANS
2018 MONTHLY CONTRIBUTION AMOUNTS FOR BAY AREA
 Effective: January 1, 2018 - December 31, 2018

| Plan Name | Plan Code | Plan Description | Premium | ACADEMICS SUPS, ADMINISTRATORS | | AFT (Full-Time Faculty) | | TRUSTEES | |
|--|-----------|------------------|-------------|-----------------------------------|---------------|--------------------------|---------------|--------------------------|---------------|
| | | | | 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 | \$ 925.47 | \$ 739.00 | \$ 186.47 | \$ 825.00 | \$ 100.47 | \$ 789.00 | \$ 136.47 |
| | 4502 | 2-Party | \$ 1,850.94 | \$ 1,162.00 | \$ 688.94 | \$ 1,394.97 | \$ 455.97 | \$ 1,312.00 | \$ 538.94 |
| | 4503 | Family | \$ 2,406.22 | \$ 1,519.00 | \$ 887.22 | \$ 1,828.41 | \$ 577.81 | \$ 1,717.00 | \$ 689.22 |
| Anthem Blue Cross Select (MAS) | 4541 | Single | \$ 856.41 | \$ 739.00 | \$ 117.41 | \$ 825.00 | \$ 31.41 | \$ 789.00 | \$ 67.41 |
| Limited Network | 4542 | 2-Party | \$ 1,712.82 | \$ 1,162.00 | \$ 550.82 | \$ 1,394.97 | \$ 317.85 | \$ 1,312.00 | \$ 400.82 |
| | 4543 | Family | \$ 2,226.67 | \$ 1,519.00 | \$ 707.67 | \$ 1,828.41 | \$ 398.26 | \$ 1,717.00 | \$ 509.67 |
| Blue Shield Access+ (MBS) | 1021 | Single | \$ 889.02 | \$ 739.00 | \$ 150.02 | \$ 825.00 | \$ 64.02 | \$ 789.00 | \$ 100.02 |
| | 1022 | 2-Party | \$ 1,778.04 | \$ 1,162.00 | \$ 616.04 | \$ 1,394.97 | \$ 383.07 | \$ 1,312.00 | \$ 466.04 |
| | 1023 | Family | \$ 2,311.45 | \$ 1,519.00 | \$ 792.45 | \$ 1,828.41 | \$ 483.04 | \$ 1,717.00 | \$ 594.45 |
| Kaiser Permanente (MKN) | 1041 | Single | \$ 779.86 | \$ 739.00 | \$ 40.86 | \$ 825.00 | \$ - | \$ 789.00 | \$ - |
| | 1042 | 2-Party | \$ 1,559.72 | \$ 1,162.00 | \$ 397.72 | \$ 1,394.97 | \$ 164.75 | \$ 1,312.00 | \$ 247.72 |
| | 1043 | Family | \$ 2,027.64 | \$ 1,519.00 | \$ 508.64 | \$ 1,828.41 | \$ 199.23 | \$ 1,717.00 | \$ 310.64 |
| HealthNet SmartCare (MHN) | 3751 | Single | \$ 863.48 | \$ 739.00 | \$ 124.48 | \$ 825.00 | \$ 38.48 | \$ 789.00 | \$ 74.48 |
| | 3752 | 2-Party | \$ 1,726.96 | \$ 1,162.00 | \$ 564.96 | \$ 1,394.97 | \$ 331.99 | \$ 1,312.00 | \$ 414.96 |
| | 3753 | Family | \$ 2,245.05 | \$ 1,519.00 | \$ 726.05 | \$ 1,828.41 | \$ 416.64 | \$ 1,717.00 | \$ 528.05 |
| Unitedhealthcare (MUH) | 4261 | Single | \$ 1,371.84 | \$ 739.00 | \$ 632.84 | \$ 825.00 | \$ 546.84 | \$ 789.00 | \$ 582.84 |
| | 4262 | 2-Party | \$ 2,743.68 | \$ 1,162.00 | \$ 1,581.68 | \$ 1,394.97 | \$ 1,348.71 | \$ 1,312.00 | \$ 1,431.68 |
| | 4263 | Family | \$ 3,566.78 | \$ 1,519.00 | \$ 2,047.78 | \$ 1,828.41 | \$ 1,738.37 | \$ 1,717.00 | \$ 1,849.78 |
| Western Health Advantage | 1791 | Single | \$ 792.56 | \$ 739.00 | \$ 53.56 | \$ 825.00 | \$ - | \$ 789.00 | \$ 3.56 |
| <i>*Only available in some counties*</i> | 1792 | 2-Party | \$ 1,585.12 | \$ 1,162.00 | \$ 423.12 | \$ 1,319.98 | \$ 265.14 | \$ 1,312.00 | \$ 273.12 |
| <i>Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma and Yolo</i> | 1793 | Family | \$ 2,060.66 | \$ 1,519.00 | \$ 541.66 | \$ 1,828.41 | \$ 232.25 | \$ 1,717.00 | \$ 343.66 |
| PPO PLANS | | | | | | | | | |
| Anthem Blue Cross PERS CHOICE (MCH) | 1061 | Single | \$ 800.27 | \$ 739.00 | \$ 61.27 | \$ 825.00 | \$ - | \$ 789.00 | \$ 11.27 |
| <i>80/20 Plan</i> | 1062 | 2-Party | \$ 1,600.54 | \$ 1,162.00 | \$ 438.54 | \$ 1,394.97 | \$ 205.57 | \$ 1,312.00 | \$ 288.54 |
| | 1063 | Family | \$ 2,080.70 | \$ 1,519.00 | \$ 561.70 | \$ 1,828.41 | \$ 252.29 | \$ 1,717.00 | \$ 363.70 |
| Anthem Blue Cross PERS SELECT (MSE) | 1261 | Single | \$ 717.50 | \$ 739.00 | \$ - | \$ 825.00 | \$ - | \$ 789.00 | \$ - |
| <i>80/20 Plan - Reduced Network</i> | 1262 | 2-Party | \$ 1,435.00 | \$ 1,162.00 | \$ 273.00 | \$ 1,394.97 | \$ 40.03 | \$ 1,312.00 | \$ 123.00 |
| | 1263 | Family | \$ 1,865.50 | \$ 1,519.00 | \$ 346.50 | \$ 1,828.41 | \$ 37.09 | \$ 1,717.00 | \$ 148.50 |
| Anthem Blue Cross PERS CARE (MPC) | 1221 | Single | \$ 882.45 | \$ 739.00 | \$ 143.45 | \$ 825.00 | \$ 57.45 | \$ 789.00 | \$ 93.45 |
| <i>90/10 Plan</i> | 1222 | 2-Party | \$ 1,764.90 | \$ 1,162.00 | \$ 602.90 | \$ 1,394.97 | \$ 369.93 | \$ 1,312.00 | \$ 452.90 |
| | 1223 | Family | \$ 2,294.37 | \$ 1,519.00 | \$ 775.37 | \$ 1,828.41 | \$ 465.96 | \$ 1,717.00 | \$ 577.37 |