

# COST BREAKDOWN

The rates below are effective January 1, 2019.

COVERAGE LEVEL	PREMIUM	ACADEMIC SUPERVISORS, & ADMINISTRATORS		AFT (REGULAR FACULTY)	
		Portion Paid by District	Out of Pocket	Portion Paid by District	Out of Pocket
<b>HMO Plans</b>					
<b>Anthem Blue Cross Traditional (MAT)</b>					
Employee Only	\$1,111.13	\$739.00	<b>\$372.13</b>	\$825.00	<b>\$286.13</b>
Employee + 1	\$2,222.26	\$1,162.00	<b>\$1,060.26</b>	\$1,394.97	<b>\$827.29</b>
Employee + 2 or More	\$2,888.94	\$1,519.00	<b>\$1,369.94</b>	\$1,828.41	<b>\$1,060.53</b>
<b>Anthem Blue Cross Select (MAS) – Limited Network</b>					
Employee Only	\$831.44	\$739.00	<b>\$92.44</b>	\$825.00	<b>\$6.44</b>
Employee + 1	\$1,662.88	\$1,162.00	<b>\$500.88</b>	\$1,394.97	<b>\$267.91</b>
Employee + 2 or More	\$2,161.74	\$1,519.00	<b>\$642.74</b>	\$1,828.41	<b>\$333.33</b>
<b>Kaiser Permanente (MKN)</b>					
Employee Only	\$768.25	\$739.00	<b>\$29.25</b>	\$825.00	<b>\$0.00</b>
Employee + 1	\$1,536.50	\$1,162.00	<b>\$374.50</b>	\$1,394.97	<b>\$141.53</b>
Employee + 2 or More	\$1,997.45	\$1,519.00	<b>\$478.45</b>	\$1,828.41	<b>\$169.04</b>
<b>HealthNet SmartCare (MHN)</b>					
Employee Only	\$901.55	\$739.00	<b>\$162.55</b>	\$825.00	<b>\$76.55</b>
Employee + 1	\$1,803.10	\$1,162.00	<b>\$641.10</b>	\$1,394.97	<b>\$408.13</b>
Employee + 2 or More	\$2,344.03	\$1,519.00	<b>\$825.03</b>	\$1,828.41	<b>\$515.62</b>
<b>Western Health Advantage</b>					
<i>Only available in the following counties – Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma, and Yolo</i>					
Employee Only	\$767.01	\$739.00	<b>\$28.01</b>	\$825.00	<b>\$0.00</b>
Employee + 1	\$1,534.02	\$1,162.00	<b>\$372.02</b>	\$1,319.98	<b>\$214.04</b>
Employee + 2 or More	\$1,994.23	\$1,519.00	<b>\$475.23</b>	\$1,828.41	<b>\$165.82</b>
<b>PPO Plans</b>					
<b>Anthem Blue Cross PERS CHOICE (MCH) – 80/20 Plan</b>					
Employee Only	\$866.27	\$739.00	<b>\$127.27</b>	\$825.00	<b>\$41.27</b>
Employee + 1	\$1,732.54	\$1,162.00	<b>\$570.54</b>	\$1,394.97	<b>\$337.57</b>
Employee + 2 or More	\$2,252.30	\$1,519.00	<b>\$733.30</b>	\$1,828.41	<b>\$423.89</b>
<b>Anthem Blue Cross PERS SELECT (MSE) – 80/20 Plan – Reduced Network</b>					
Employee Only	\$543.19	\$739.00	<b>\$0.00</b>	\$825.00	<b>\$0.00</b>
Employee + 1	\$1,086.38	\$1,162.00	<b>\$0.00</b>	\$1,394.97	<b>\$0.00</b>
Employee + 2 or More	\$1,412.29	\$1,519.00	<b>\$0.00</b>	\$1,828.41	<b>\$0.00</b>
<b>Anthem Blue Cross PERS CARE (MPC) – 90/10 Plan</b>					
Employee Only	\$1,131.68	\$739.00	<b>\$392.68</b>	\$825.00	<b>\$306.68</b>
Employee + 1	\$2,263.36	\$1,162.00	<b>\$1,101.36</b>	\$1,394.97	<b>\$868.39</b>
Employee + 2 or More	\$2,942.37	\$1,519.00	<b>\$1,423.37</b>	\$1,828.41	<b>\$1,113.96</b>