

**CLASSIFIED (BAY AREA)  
2018 MONTHLY BENEFIT RATE CHART**

<b>Kaiser</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 734.27	\$ 45.59	\$ 779.86
2-Party	\$1,443.69	\$ 116.03	\$1,559.72
Family	\$1,869.35	\$ 158.29	\$2,027.64
<b>Blue Shield Access +</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 741.93	\$ 147.09	\$ 889.02
2-Party	\$1,459.00	\$ 319.04	\$1,778.04
Family	\$1,889.22	\$ 422.23	\$2,311.45
<b>Anthem HMO Select</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 846.14	\$ 10.27	\$ 856.41
2-Party	\$1,679.50	\$ 33.32	\$1,712.82
Family	\$2,183.36	\$ 43.31	\$2,226.67
<b>Anthem HMO Traditional</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 792.25	\$ 133.22	\$ 925.47
2-Party	\$1,559.67	\$ 291.27	\$1,850.94
Family	\$2,020.11	\$ 386.11	\$2,406.22
<b>United Health Care</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$1,016.81	\$ 355.03	\$1,371.84
2-Party	\$2,008.78	\$ 734.90	\$2,743.68
Family	\$2,603.97	\$ 962.81	\$3,566.78
<b>Health Net SmartCare</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 690.59	\$ 172.89	\$ 863.48
2-Party	\$1,356.35	\$ 370.61	\$1,726.96
Family	\$1,755.80	\$ 489.25	\$2,245.05
<b>Western Health Advantage</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 734.27	\$ 58.29	\$ 792.56
2-Party	\$1,443.69	\$ 141.43	\$1,585.12
Family	\$1,869.35	\$ 191.31	\$2,060.66
<b>PERS Choice PPO</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 674.58	\$ 125.69	\$ 800.27
2-Party	\$1,324.27	\$ 276.27	\$1,600.54
Family	\$1,714.12	\$ 366.58	\$2,080.70
<b>PERS Select PPO</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 688.88	\$ 28.62	\$ 717.50
2-Party	\$1,352.90	\$ 82.10	\$1,435.00
Family	\$1,751.33	\$ 114.17	\$1,865.50
<b>PERS Care PPO</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 697.74	\$ 184.71	\$ 882.45
2-Party	\$1,370.64	\$ 394.26	\$1,764.90
Family	\$1,774.38	\$ 519.99	\$2,294.37
<b>Delta Dental</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 59.89	\$ .00	\$ 59.89
2-Party	\$ 111.23	\$ .00	\$ 111.23
Family	\$ 169.09	\$ .00	\$ 169.09
<b>Vision (VSP)</b>	<b>Agency Pays</b>	<b>Employee Pays</b>	<b>Total</b>
Single	\$ 8.54	\$ .00	\$ 8.54
2-Party	\$ 17.82	\$ .00	\$ 17.82
Family	\$ 25.61	\$ .00	\$ 25.61

<b>Cash In Lieu of Medical:</b>	<b>Monthly Amount*</b>	<b>Annual Amount</b>	<b>Total Allotment**</b>
	\$ 335.07	\$4,020.84	w/ single dental & vision
	\$ 288.16	\$3,457.92	w/ two-party dental & vision
	\$ 198.50	\$2,382.00	w/ family dental & vision

\* Monthly amount for 12-month employees. 10 & 11 month employees receive annual divided by either 10 or 11 months

\*\*Local One agency paid single dental and vision coverage is not deducted from cash in lieu amount

