



**BAY AREA  
2018 MATRIX**

0.9687

**CSEA 8 HOUR EMPLOYEES WITH 2018 CAP**

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

									PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				*MANDATORY eff 1-1-15	*MANDATORY eff 1-1-15		applied to Health 1st			
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E20	SELF	\$779.86	\$114.13	\$25.00	\$918.99	\$673.30	\$245.69	\$106.56	\$673.30
	D20	SELF + 1 DEPENDENT	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$673.30	\$1,025.55	\$886.42	\$673.30
	F20	SELF + DEPENDENTS	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$673.30	\$1,493.47	\$1,354.34	\$673.30
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	\$889.02	\$114.13	\$25.00	\$1,028.15	\$673.30	\$354.85	\$215.72	\$673.30
	D20	SELF + 1 DEPENDENT	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$673.30	\$1,243.87	\$1,104.74	\$673.30
	F20	SELF + DEPENDENTS	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$673.30	\$1,777.28	\$1,638.15	\$673.30
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E20	SELF	\$800.27	\$114.13	\$25.00	\$939.40	\$673.30	\$266.10	\$126.97	\$673.30
	D20	SELF + 1 DEPENDENT	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$673.30	\$1,066.37	\$927.24	\$673.30
	F20	SELF + DEPENDENTS	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$673.30	\$1,546.53	\$1,407.40	\$673.30
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	\$717.50	\$114.13	\$25.00	\$856.63	\$673.30	\$183.33	\$44.20	\$673.30
	D20	SELF + 1 DEPENDENT	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$673.30	\$900.83	\$761.70	\$673.30
	F20	SELF + DEPENDENTS	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$673.30	\$1,331.33	\$1,192.20	\$673.30
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	\$882.45	\$114.13	\$25.00	\$1,021.58	\$673.30	\$348.28	\$209.15	\$673.30
	D20	SELF + 1 DEPENDENT	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$673.30	\$1,230.73	\$1,091.60	\$673.30
	F20	SELF + DEPENDENTS	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$673.30	\$1,760.20	\$1,621.07	\$673.30

rates are subject to change throughout the year

- .Dental and Vision plans require 100% participation for full -time employees \*
- .Waiving medical coverage requires completing a HEALTH ENROLLMENT form
- .District contributions are subject to change due to on-going bargaining group negotiations\*\*



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				*MANDATORY eff 1-1-15	*MANDATORY eff 1-1-15			applied to Health 1st			
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$114.13	\$25.00	\$995.54	\$673.30	\$322.24	\$183.11	\$673.30
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$673.30	\$1,178.65	\$1,039.52	\$673.30
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$673.30	\$1,692.50	\$1,553.37	\$673.30
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$673.30	\$391.30	\$252.17	\$673.30
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$673.30	\$1,316.77	\$1,177.64	\$673.30
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$673.30	\$1,872.05	\$1,732.92	\$673.30
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$673.30	\$837.67	\$698.54	\$673.30
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$673.30	\$2,209.51	\$2,070.38	\$673.30
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$673.30	\$3,032.61	\$2,893.48	\$673.30
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$673.30	\$329.31	\$190.18	\$673.30
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$673.30	\$1,192.79	\$1,053.66	\$673.30
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$673.30	\$1,710.88	\$1,571.75	\$673.30
<b>Western Health Advantage HMO</b>											
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$673.30	\$258.39	\$119.26	\$673.30
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$673.30	\$1,050.95	\$911.82	\$673.30
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$673.30	\$1,526.49	\$1,387.36	\$673.30

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**Basic Premium Rates - BAY AREA**  
Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter and Yuba.

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information