



**BAY AREA
2018 MATRIX**

0.5

CSEA 4 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	
				eff 1-1-15	eff 1-1-15		applied to Health 1st				
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$779.86	\$114.13	\$25.00	\$918.99	\$336.65	\$582.34	\$443.21	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$336.65	\$1,362.20	\$1,223.07	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$336.65	\$1,830.12	\$1,690.99	\$336.65
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$336.65	\$691.50	\$552.37	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$336.65	\$1,580.52	\$1,441.39	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$336.65	\$2,113.93	\$1,974.80	\$336.65
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$336.65	\$602.75	\$463.62	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$336.65	\$1,403.02	\$1,263.89	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$336.65	\$1,883.18	\$1,744.05	\$336.65
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$336.65	\$519.98	\$380.85	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$336.65	\$1,237.48	\$1,098.35	\$336.65
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$336.65	\$1,667.98	\$1,528.85	\$336.65
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$336.65	\$684.93	\$545.80	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$336.65	\$1,567.38	\$1,428.25	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$336.65	\$2,096.85	\$1,957.72	\$336.65

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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2018 MATRIX**

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ONLY

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				eff 1-1-15	eff 1-1-15			applied to Health 1st			
Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$856.41	\$114.13	\$25.00	\$995.54	\$336.65	\$658.89	\$519.76	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$336.65	\$1,515.30	\$1,376.17	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$336.65	\$2,029.15	\$1,890.02	\$336.65
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$336.65	\$727.95	\$588.82	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$336.65	\$1,653.42	\$1,514.29	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$336.65	\$2,208.70	\$2,069.57	\$336.65
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$336.65	\$1,174.32	\$1,035.19	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$336.65	\$2,546.16	\$2,407.03	\$336.65
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$336.65	\$3,369.26	\$3,230.13	\$336.65
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$336.65	\$665.96	\$526.83	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$336.65	\$1,529.44	\$1,390.31	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$336.65	\$2,047.53	\$1,908.40	\$336.65
Western Health Advantage		HMO									
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$336.65	\$595.04	\$455.91	\$336.65
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$336.65	\$1,387.60	\$1,248.47	\$336.65
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$336.65	\$1,863.14	\$1,724.01	\$336.65

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- .Dental and Vision plans require 100% participation for full -time employees *
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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 and click on Health Plan Information