



**BAY AREA
2018 MATRIX**

0.5312

CSEA 4.5 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	\$378.73	\$540.26	\$401.13	\$378.73
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$378.73	\$1,320.12	\$1,180.99	\$378.73
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$378.73	\$1,788.04	\$1,648.91	\$378.73
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$378.73	\$649.42	\$510.29	\$378.73
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$378.73	\$1,538.44	\$1,399.31	\$378.73
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$378.73	\$2,071.85	\$1,932.72	\$378.73
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$378.73	\$560.67	\$421.54	\$378.73
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$378.73	\$1,360.94	\$1,221.81	\$378.73
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$378.73	\$1,841.10	\$1,701.97	\$378.73
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$378.73	\$477.90	\$338.77	\$378.73
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$378.73	\$1,195.40	\$1,056.27	\$378.73
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$378.73	\$1,625.90	\$1,486.77	\$378.73
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$378.73	\$642.85	\$503.72	\$378.73
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$378.73	\$1,525.30	\$1,386.17	\$378.73
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$378.73	\$2,054.77	\$1,915.64	\$378.73

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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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem HMO Select										
AHS1	E20	SELF								
		1	\$856.41	\$114.13	\$25.00	\$995.54	\$378.73	\$616.81	\$477.68	\$378.73
	D20	SELF + 1 DEPENDENT								
		2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$378.73	\$1,473.22	\$1,334.09	\$378.73
	F20	SELF + DEPENDENTS								
		3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$378.73	\$1,987.07	\$1,847.94	\$378.73
Anthem HMO Traditional										
AHT1	E20	SELF								
		1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$378.73	\$685.87	\$546.74	\$378.73
	D20	SELF + 1 DEPENDENT								
		2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$378.73	\$1,611.34	\$1,472.21	\$378.73
	F20	SELF + DEPENDENTS								
		3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$378.73	\$2,166.62	\$2,027.49	\$378.73
United HealthCare										
HMO PLAN										
UN01	E20	SELF								
		1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$378.73	\$1,132.24	\$993.11	\$378.73
	D20	SELF + 1 DEPENDENT								
		2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$378.73	\$2,504.08	\$2,364.95	\$378.73
	F20	SELF + DEPENDENTS								
		3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$378.73	\$3,327.18	\$3,188.05	\$378.73
HealthNet SmartCare										
HMO PLAN										
HN01	E20	SELF								
		1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$378.73	\$623.88	\$484.75	\$378.73
	D20	SELF + 1 DEPENDENT								
		2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$378.73	\$1,487.36	\$1,348.23	\$378.73
	F20	SELF + DEPENDENTS								
		3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$378.73	\$2,005.45	\$1,866.32	\$378.73
Western Health Advantage										
HMO										
		SELF								
		1	\$792.56	\$114.13	\$25.00	\$931.69	\$378.73	\$552.96	\$413.83	\$378.73
		SELF + 1 DEPENDENT								
		2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$378.73	\$1,345.52	\$1,206.39	\$378.73
		SELF + DEPENDENTS								
		3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$378.73	\$1,821.06	\$1,681.93	\$378.73

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
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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