



**BAY AREA
2018 MATRIX**

0.5937

CSEA 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	\$420.81	\$498.18	\$359.05	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$420.81	\$1,278.04	\$1,138.91	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$420.81	\$1,745.96	\$1,606.83	\$420.81
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$420.81	\$607.34	\$468.21	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$420.81	\$1,496.36	\$1,357.23	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$420.81	\$2,029.77	\$1,890.64	\$420.81
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$420.81	\$518.59	\$379.46	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$420.81	\$1,318.86	\$1,179.73	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$420.81	\$1,799.02	\$1,659.89	\$420.81
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$420.81	\$435.82	\$296.69	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$420.81	\$1,153.32	\$1,014.19	\$420.81
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$420.81	\$1,583.82	\$1,444.69	\$420.81
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$420.81	\$600.77	\$461.64	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$420.81	\$1,483.22	\$1,344.09	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$420.81	\$2,012.69	\$1,873.56	\$420.81

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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				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	\$420.81	\$574.73	\$435.60	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$420.81	\$1,431.14	\$1,292.01	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$420.81	\$1,944.99	\$1,805.86	\$420.81
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$420.81	\$643.79	\$504.66	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$420.81	\$1,569.26	\$1,430.13	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$420.81	\$2,124.54	\$1,985.41	\$420.81
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$420.81	\$1,090.16	\$951.03	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$420.81	\$2,462.00	\$2,322.87	\$420.81
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$420.81	\$3,285.10	\$3,145.97	\$420.81
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$420.81	\$581.80	\$442.67	\$420.81
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$420.81	\$1,445.28	\$1,306.15	\$420.81
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$420.81	\$1,963.37	\$1,824.24	\$420.81
Western Health Advantage		HMO									
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$420.81	\$510.88	\$371.75	\$420.81
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$420.81	\$1,303.44	\$1,164.31	\$420.81
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$420.81	\$1,778.98	\$1,639.85	\$420.81

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**

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