



**BAY AREA
2018 MATRIX**

0.6562

CSEA 5.5 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	\$462.89	\$456.10	\$316.97	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$462.89	\$1,235.96	\$1,096.83	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$462.89	\$1,703.88	\$1,564.75	\$462.89
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$462.89	\$565.26	\$426.13	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$462.89	\$1,454.28	\$1,315.15	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$462.89	\$1,987.69	\$1,848.56	\$462.89
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$462.89	\$476.51	\$337.38	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$462.89	\$1,276.78	\$1,137.65	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$462.89	\$1,756.94	\$1,617.81	\$462.89
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$462.89	\$393.74	\$254.61	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$462.89	\$1,111.24	\$972.11	\$462.89
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$462.89	\$1,541.74	\$1,402.61	\$462.89
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$462.89	\$558.69	\$419.56	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$462.89	\$1,441.14	\$1,302.01	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$462.89	\$1,970.61	\$1,831.48	\$462.89

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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**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			
Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$856.41	\$114.13	\$25.00	\$995.54	\$462.89	\$532.65	\$393.52	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$462.89	\$1,389.06	\$1,249.93	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$462.89	\$1,902.91	\$1,763.78	\$462.89
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$462.89	\$601.71	\$462.58	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$462.89	\$1,527.18	\$1,388.05	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$462.89	\$2,082.46	\$1,943.33	\$462.89
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$462.89	\$1,048.08	\$908.95	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$462.89	\$2,419.92	\$2,280.79	\$462.89
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$462.89	\$3,243.02	\$3,103.89	\$462.89
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$462.89	\$539.72	\$400.59	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$462.89	\$1,403.20	\$1,264.07	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$462.89	\$1,921.29	\$1,782.16	\$462.89
Western Health Advantage		HMO									
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$462.89	\$468.80	\$329.67	\$462.89
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$462.89	\$1,261.36	\$1,122.23	\$462.89
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$462.89	\$1,736.90	\$1,597.77	\$462.89

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