



**BAY AREA
2018 MATRIX**

0.7187

CSEA 6 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						
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$779.86	\$114.13	\$25.00	\$918.99	\$504.98	\$414.01	\$274.88	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$504.98	\$1,193.87	\$1,054.74	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$504.98	\$1,661.79	\$1,522.66	\$504.98
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$504.98	\$523.17	\$384.04	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$504.98	\$1,412.19	\$1,273.06	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$504.98	\$1,945.60	\$1,806.47	\$504.98
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$504.98	\$434.42	\$295.29	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$504.98	\$1,234.69	\$1,095.56	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$504.98	\$1,714.85	\$1,575.72	\$504.98
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$504.98	\$351.65	\$212.52	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$504.98	\$1,069.15	\$930.02	\$504.98
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$504.98	\$1,499.65	\$1,360.52	\$504.98
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$504.98	\$516.60	\$377.47	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$504.98	\$1,399.05	\$1,259.92	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$504.98	\$1,928.52	\$1,789.39	\$504.98

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**



**BAY AREA
2018 MATRIX**

CSEA 6 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						
Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$856.41	\$114.13	\$25.00	\$995.54	\$504.98	\$490.56	\$351.43	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$504.98	\$1,346.97	\$1,207.84	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$504.98	\$1,860.82	\$1,721.69	\$504.98
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$504.98	\$559.62	\$420.49	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$504.98	\$1,485.09	\$1,345.96	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$504.98	\$2,040.37	\$1,901.24	\$504.98
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$504.98	\$1,005.99	\$866.86	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$504.98	\$2,377.83	\$2,238.70	\$504.98
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$504.98	\$3,200.93	\$3,061.80	\$504.98
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$504.98	\$497.63	\$358.50	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$504.98	\$1,361.11	\$1,221.98	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$504.98	\$1,879.20	\$1,740.07	\$504.98
Western Health Advantage		HMO									
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$504.98	\$426.71	\$287.58	\$504.98
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$504.98	\$1,219.27	\$1,080.14	\$504.98
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$504.98	\$1,694.81	\$1,555.68	\$504.98

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