



**BAY AREA
2018 MATRIX**

0.7812

CSEA 6.5 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	\$547.06	\$371.93	\$232.80	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$547.06	\$1,151.79	\$1,012.66	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$547.06	\$1,619.71	\$1,480.58	\$547.06
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$547.06	\$481.09	\$341.96	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$547.06	\$1,370.11	\$1,230.98	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$547.06	\$1,903.52	\$1,764.39	\$547.06
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$547.06	\$392.34	\$253.21	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$547.06	\$1,192.61	\$1,053.48	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$547.06	\$1,672.77	\$1,533.64	\$547.06
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$547.06	\$309.57	\$170.44	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$547.06	\$1,027.07	\$887.94	\$547.06
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$547.06	\$1,457.57	\$1,318.44	\$547.06
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$547.06	\$474.52	\$335.39	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$547.06	\$1,356.97	\$1,217.84	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$547.06	\$1,886.44	\$1,747.31	\$547.06

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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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	\$547.06	\$448.48	\$309.35	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$547.06	\$1,304.89	\$1,165.76	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$547.06	\$1,818.74	\$1,679.61	\$547.06
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$547.06	\$517.54	\$378.41	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$547.06	\$1,443.01	\$1,303.88	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$547.06	\$1,998.29	\$1,859.16	\$547.06
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$547.06	\$963.91	\$824.78	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$547.06	\$2,335.75	\$2,196.62	\$547.06
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$547.06	\$3,158.85	\$3,019.72	\$547.06
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$547.06	\$455.55	\$316.42	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$547.06	\$1,319.03	\$1,179.90	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$547.06	\$1,837.12	\$1,697.99	\$547.06
Western Health Advantage		HMO									
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$547.06	\$384.63	\$245.50	\$547.06
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$547.06	\$1,177.19	\$1,038.06	\$547.06
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$547.06	\$1,652.73	\$1,513.60	\$547.06

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