



**BAY AREA
2018 MATRIX**

0.8437

CSEA 7 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	\$589.14	\$329.85	\$190.72	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$589.14	\$1,109.71	\$970.58	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$589.14	\$1,577.63	\$1,438.50	\$589.14
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$889.02	\$114.13	\$25.00	\$1,028.15	\$589.14	\$439.01	\$299.88	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$589.14	\$1,328.03	\$1,188.90	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$589.14	\$1,861.44	\$1,722.31	\$589.14
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E20	SELF	1	\$800.27	\$114.13	\$25.00	\$939.40	\$589.14	\$350.26	\$211.13	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$589.14	\$1,150.53	\$1,011.40	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$589.14	\$1,630.69	\$1,491.56	\$589.14
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$717.50	\$114.13	\$25.00	\$856.63	\$589.14	\$267.49	\$128.36	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$589.14	\$984.99	\$845.86	\$589.14
	F20	SELF + DEPENDENTS	3	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$589.14	\$1,415.49	\$1,276.36	\$589.14
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$882.45	\$114.13	\$25.00	\$1,021.58	\$589.14	\$432.44	\$293.31	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$589.14	\$1,314.89	\$1,175.76	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$589.14	\$1,844.36	\$1,705.23	\$589.14

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 eff 1-1-15	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP applied to Health 1st	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem HMO Select										
AHS1	E20	SELF	\$856.41	\$114.13	\$25.00	\$995.54	\$589.14	\$406.40	\$267.27	\$589.14
	D20	SELF + 1 DEPENDENT	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$589.14	\$1,262.81	\$1,123.68	\$589.14
	F20	SELF + DEPENDENTS	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$589.14	\$1,776.66	\$1,637.53	\$589.14
Anthem HMO Traditional										
AHT1	E20	SELF	\$925.47	\$114.13	\$25.00	\$1,064.60	\$589.14	\$475.46	\$336.33	\$589.14
	D20	SELF + 1 DEPENDENT	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$589.14	\$1,400.93	\$1,261.80	\$589.14
	F20	SELF + DEPENDENTS	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$589.14	\$1,956.21	\$1,817.08	\$589.14
United HealthCare HMO PLAN										
UN01	E20	SELF	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$589.14	\$921.83	\$782.70	\$589.14
	D20	SELF + 1 DEPENDENT	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$589.14	\$2,293.67	\$2,154.54	\$589.14
	F20	SELF + DEPENDENTS	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$589.14	\$3,116.77	\$2,977.64	\$589.14
HealthNet SmartCare HMO PLAN										
HN01	E20	SELF	\$863.48	\$114.13	\$25.00	\$1,002.61	\$589.14	\$413.47	\$274.34	\$589.14
	D20	SELF + 1 DEPENDENT	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$589.14	\$1,276.95	\$1,137.82	\$589.14
	F20	SELF + DEPENDENTS	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$589.14	\$1,795.04	\$1,655.91	\$589.14
Western Health Advantage HMO										
		SELF	\$792.56	\$114.13	\$25.00	\$931.69	\$589.14	\$342.55	\$203.42	\$589.14
		SELF + 1 DEPENDENT	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$589.14	\$1,135.11	\$995.98	\$589.14
		SELF + DEPENDENTS	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$589.14	\$1,610.65	\$1,471.52	\$589.14

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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