



**BAY AREA  
2018 MATRIX**

0.9062

**CSEA 7.5 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			
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E20	SELF	\$779.86	\$114.13	\$25.00	\$918.99	\$631.22	\$287.77	\$148.64	\$631.22
	D20	SELF + 1 DEPENDENT	\$1,559.72	\$114.13	\$25.00	\$1,698.85	\$631.22	\$1,067.63	\$928.50	\$631.22
	F20	SELF + DEPENDENTS	\$2,027.64	\$114.13	\$25.00	\$2,166.77	\$631.22	\$1,535.55	\$1,396.42	\$631.22
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	\$889.02	\$114.13	\$25.00	\$1,028.15	\$631.22	\$396.93	\$257.80	\$631.22
	D20	SELF + 1 DEPENDENT	\$1,778.04	\$114.13	\$25.00	\$1,917.17	\$631.22	\$1,285.95	\$1,146.82	\$631.22
	F20	SELF + DEPENDENTS	\$2,311.45	\$114.13	\$25.00	\$2,450.58	\$631.22	\$1,819.36	\$1,680.23	\$631.22
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E20	SELF	\$800.27	\$114.13	\$25.00	\$939.40	\$631.22	\$308.18	\$169.05	\$631.22
	D20	SELF + 1 DEPENDENT	\$1,600.54	\$114.13	\$25.00	\$1,739.67	\$631.22	\$1,108.45	\$969.32	\$631.22
	F20	SELF + DEPENDENTS	\$2,080.70	\$114.13	\$25.00	\$2,219.83	\$631.22	\$1,588.61	\$1,449.48	\$631.22
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	\$717.50	\$114.13	\$25.00	\$856.63	\$631.22	\$225.41	\$86.28	\$631.22
	D20	SELF + 1 DEPENDENT	\$1,435.00	\$114.13	\$25.00	\$1,574.13	\$631.22	\$942.91	\$803.78	\$631.22
	F20	SELF + DEPENDENTS	\$1,865.50	\$114.13	\$25.00	\$2,004.63	\$631.22	\$1,373.41	\$1,234.28	\$631.22
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	\$882.45	\$114.13	\$25.00	\$1,021.58	\$631.22	\$390.36	\$251.23	\$631.22
	D20	SELF + 1 DEPENDENT	\$1,764.90	\$114.13	\$25.00	\$1,904.03	\$631.22	\$1,272.81	\$1,133.68	\$631.22
	F20	SELF + DEPENDENTS	\$2,294.37	\$114.13	\$25.00	\$2,433.50	\$631.22	\$1,802.28	\$1,663.15	\$631.22

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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PAYROLL USE  
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$856.41	\$114.13	\$25.00	\$995.54	\$631.22	\$364.32	\$225.19	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,712.82	\$114.13	\$25.00	\$1,851.95	\$631.22	\$1,220.73	\$1,081.60	\$631.22
	F20	SELF + DEPENDENTS	3	\$2,226.67	\$114.13	\$25.00	\$2,365.80	\$631.22	\$1,734.58	\$1,595.45	\$631.22
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$925.47	\$114.13	\$25.00	\$1,064.60	\$631.22	\$433.38	\$294.25	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,850.94	\$114.13	\$25.00	\$1,990.07	\$631.22	\$1,358.85	\$1,219.72	\$631.22
	F20	SELF + DEPENDENTS	3	\$2,406.22	\$114.13	\$25.00	\$2,545.35	\$631.22	\$1,914.13	\$1,775.00	\$631.22
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$1,371.84	\$114.13	\$25.00	\$1,510.97	\$631.22	\$879.75	\$740.62	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$2,743.68	\$114.13	\$25.00	\$2,882.81	\$631.22	\$2,251.59	\$2,112.46	\$631.22
	F20	SELF + DEPENDENTS	3	\$3,566.78	\$114.13	\$25.00	\$3,705.91	\$631.22	\$3,074.69	\$2,935.56	\$631.22
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$863.48	\$114.13	\$25.00	\$1,002.61	\$631.22	\$371.39	\$232.26	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,726.96	\$114.13	\$25.00	\$1,866.09	\$631.22	\$1,234.87	\$1,095.74	\$631.22
	F20	SELF + DEPENDENTS	3	\$2,245.05	\$114.13	\$25.00	\$2,384.18	\$631.22	\$1,752.96	\$1,613.83	\$631.22
<b>Western Health Advantage HMO</b>											
		SELF	1	\$792.56	\$114.13	\$25.00	\$931.69	\$631.22	\$300.47	\$161.34	\$631.22
		SELF + 1 DEPENDENT	2	\$1,585.12	\$114.13	\$25.00	\$1,724.25	\$631.22	\$1,093.03	\$953.90	\$631.22
		SELF + DEPENDENTS	3	\$2,060.66	\$114.13	\$25.00	\$2,199.79	\$631.22	\$1,568.57	\$1,429.44	\$631.22

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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](http://www.calpers.ca.gov) and click on Health Plan Information