



**BAY AREA
2019 MATRIX**

0.5

CSEA 4 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

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	\$768.25	\$114.13	\$25.00	\$907.38	\$336.67	\$570.71	\$431.58	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$336.67	\$1,338.96	\$1,199.83	\$336.67
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$336.67	\$1,799.91	\$1,660.78	\$336.67
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$336.67	\$773.36	\$634.23	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$336.67	\$1,744.26	\$1,605.13	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$336.67	\$2,326.80	\$2,187.67	\$336.67
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$336.67	\$668.73	\$529.60	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$336.67	\$1,535.00	\$1,395.87	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$336.67	\$2,054.76	\$1,915.63	\$336.67
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$336.67	\$345.65	\$206.52	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$336.67	\$888.84	\$749.71	\$336.67
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$336.67	\$1,214.75	\$1,075.62	\$336.67
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$336.67	\$934.14	\$795.01	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$336.67	\$2,065.82	\$1,926.69	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$336.67	\$2,744.83	\$2,605.70	\$336.67

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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				eff 1-1-15	eff 1-1-15			applied to Health 1st			
Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$831.44	\$114.13	\$25.00	\$970.57	\$336.67	\$633.90	\$494.77	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$336.67	\$1,465.34	\$1,326.21	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$336.67	\$1,964.20	\$1,825.07	\$336.67
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$336.67	\$913.59	\$774.46	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$336.67	\$2,024.72	\$1,885.59	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$336.67	\$2,691.40	\$2,552.27	\$336.67
United HealthCare		HMO PLAN									
UN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HealthNet SmartCare		HMO PLAN									
HN01	E20	SELF	1	\$901.55	\$114.13	\$25.00	\$1,040.68	\$336.67	\$704.01	\$564.88	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$336.67	\$1,605.56	\$1,466.43	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$336.67	\$2,146.49	\$2,007.36	\$336.67
Western Health Advantage		HMO									
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$336.67	\$569.47	\$430.34	\$336.67
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$336.67	\$1,336.48	\$1,197.35	\$336.67
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$336.67	\$1,796.69	\$1,657.56	\$336.67

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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