



**BAY AREA
2019 MATRIX**

0.5312

CSEA 4.5 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
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$378.75	\$528.63	\$389.50	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$378.75	\$1,296.88	\$1,157.75	\$378.75
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$378.75	\$1,757.83	\$1,618.70	\$378.75
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$378.75	\$731.28	\$592.15	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$378.75	\$1,702.18	\$1,563.05	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$378.75	\$2,284.72	\$2,145.59	\$378.75
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$378.75	\$626.65	\$487.52	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$378.75	\$1,492.92	\$1,353.79	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$378.75	\$2,012.68	\$1,873.55	\$378.75
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$378.75	\$303.57	\$164.44	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$378.75	\$846.76	\$707.63	\$378.75
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$378.75	\$1,172.67	\$1,033.54	\$378.75
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$378.75	\$892.06	\$752.93	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$378.75	\$2,023.74	\$1,884.61	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$378.75	\$2,702.75	\$2,563.62	\$378.75

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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2019 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
Anthem HMO Select										
AHS1	E20	SELF	\$831.44	\$114.13	\$25.00	\$970.57	\$378.75	\$591.82	\$452.69	\$378.75
	D20	SELF + 1 DEPENDENT	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$378.75	\$1,423.26	\$1,284.13	\$378.75
	F20	SELF + DEPENDENTS	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$378.75	\$1,922.12	\$1,782.99	\$378.75
Anthem HMO Traditional										
AHT1	E20	SELF	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$378.75	\$871.51	\$732.38	\$378.75
	D20	SELF + 1 DEPENDENT	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$378.75	\$1,982.64	\$1,843.51	\$378.75
	F20	SELF + DEPENDENTS	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$378.75	\$2,649.32	\$2,510.19	\$378.75
United HealthCare										
HMO PLAN										
UN01	E20	SELF	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HealthNet SmartCare										
HMO PLAN										
HN01	E20	SELF	\$901.55	\$114.13	\$25.00	\$1,040.68	\$378.75	\$661.93	\$522.80	\$378.75
	D20	SELF + 1 DEPENDENT	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$378.75	\$1,563.48	\$1,424.35	\$378.75
	F20	SELF + DEPENDENTS	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$378.75	\$2,104.41	\$1,965.28	\$378.75
Western Health Advantage										
HMO										
		SELF	\$767.01	\$114.13	\$25.00	\$906.14	\$378.75	\$527.39	\$388.26	\$378.75
		SELF + 1 DEPENDENT	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$378.75	\$1,294.40	\$1,155.27	\$378.75
		SELF + DEPENDENTS	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$378.75	\$1,754.61	\$1,615.48	\$378.75

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