



**BAY AREA
2019 MATRIX**

0.6562

CSEA 5.5 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	
22 4030				eff 1-1-15	eff 1-1-15		applied to Health 1st				
KAISER HMO											
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$462.91	\$444.47	\$305.34	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$462.91	\$1,212.72	\$1,073.59	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$462.91	\$1,673.67	\$1,534.54	\$462.91
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$462.91	\$647.12	\$507.99	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$462.91	\$1,618.02	\$1,478.89	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$462.91	\$2,200.56	\$2,061.43	\$462.91
41 4040											
Athem Blue Cross-CHOICE PERS											
PPO 80/20											
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$462.91	\$542.49	\$403.36	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$462.91	\$1,408.76	\$1,269.63	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$462.91	\$1,928.52	\$1,789.39	\$462.91
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$462.91	\$219.41	\$80.28	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$462.91	\$762.60	\$623.47	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$462.91	\$1,088.51	\$949.38	\$462.91
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$462.91	\$807.90	\$668.77	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$462.91	\$1,939.58	\$1,800.45	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$462.91	\$2,618.59	\$2,479.46	\$462.91

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 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	\$831.44	\$114.13	\$25.00	\$970.57	\$462.91	\$507.66	\$368.53	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$462.91	\$1,339.10	\$1,199.97	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$462.91	\$1,837.96	\$1,698.83	\$462.91
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$462.91	\$787.35	\$648.22	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$462.91	\$1,898.48	\$1,759.35	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$462.91	\$2,565.16	\$2,426.03	\$462.91
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	\$462.91	\$577.77	\$438.64	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$462.91	\$1,479.32	\$1,340.19	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$462.91	\$2,020.25	\$1,881.12	\$462.91
Western Health Advantage		HMO									
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$462.91	\$443.23	\$304.10	\$462.91
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$462.91	\$1,210.24	\$1,071.11	\$462.91
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$462.91	\$1,670.45	\$1,531.32	\$462.91

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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