



**BAY AREA  
2019 MATRIX**

0.7812

**CSEA 6.5 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	eff 1-1-15		applied to Health 1st			
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$547.06	\$360.32	\$221.19 \$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$547.06	\$1,128.57	\$989.44 \$547.06
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$547.06	\$1,589.52	\$1,450.39 \$547.06
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$547.06	\$562.97	\$423.84 \$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$547.06	\$1,533.87	\$1,394.74 \$547.06
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$547.06	\$2,116.41	\$1,977.28 \$547.06
<b>41 4040</b>										
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>										
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$547.06	\$458.34	\$319.21 \$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$547.06	\$1,324.61	\$1,185.48 \$547.06
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$547.06	\$1,844.37	\$1,705.24 \$547.06
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$547.06	\$135.26	\$0.00 \$543.19
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$547.06	\$678.45	\$539.32 \$547.06
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$547.06	\$1,004.36	\$865.23 \$547.06
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$547.06	\$723.75	\$584.62 \$547.06
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$547.06	\$1,855.43	\$1,716.30 \$547.06
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$547.06	\$2,534.44	\$2,395.31 \$547.06

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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<b>Anthem HMO Select</b>		<b>HMO</b>									
AHS1	E20	SELF	1	\$831.44	\$114.13	\$25.00	\$970.57	\$547.06	\$423.51	\$284.38	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$547.06	\$1,254.95	\$1,115.82	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$547.06	\$1,753.81	\$1,614.68	\$547.06
<b>Anthem HMO Traditional</b>		<b>HMO</b>									
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$547.06	\$703.20	\$564.07	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$547.06	\$1,814.33	\$1,675.20	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$547.06	\$2,481.01	\$2,341.88	\$547.06
<b>United HealthCare</b>		<b>HMO PLAN</b>									
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
<b>HealthNet SmartCare</b>		<b>HMO PLAN</b>									
HN01	E20	SELF	1	\$901.55	\$114.13	\$25.00	\$1,040.68	\$547.06	\$493.62	\$354.49	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$547.06	\$1,395.17	\$1,256.04	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$547.06	\$1,936.10	\$1,796.97	\$547.06
<b>Western Health Advantage</b>		<b>HMO</b>									
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$547.06	\$359.08	\$219.95	\$547.06
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$547.06	\$1,126.09	\$986.96	\$547.06
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$547.06	\$1,586.30	\$1,447.17	\$547.06

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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