



**BAY AREA  
2019 MATRIX**

0.5937

**CSEA 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	\$420.83	\$486.55	\$347.42 \$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$420.83	\$1,254.80	\$1,115.67 \$420.83
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$420.83	\$1,715.75	\$1,576.62 \$420.83
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$420.83	\$689.20	\$550.07 \$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$420.83	\$1,660.10	\$1,520.97 \$420.83
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$420.83	\$2,242.64	\$2,103.51 \$420.83
<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	\$420.83	\$584.57	\$445.44 \$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$420.83	\$1,450.84	\$1,311.71 \$420.83
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$420.83	\$1,970.60	\$1,831.47 \$420.83
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$420.83	\$261.49	\$122.36 \$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$420.83	\$804.68	\$665.55 \$420.83
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$420.83	\$1,130.59	\$991.46 \$420.83
<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	\$420.83	\$849.98	\$710.85 \$420.83
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$420.83	\$1,981.66	\$1,842.53 \$420.83
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$420.83	\$2,660.67	\$2,521.54 \$420.83

*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					
<b>Anthem HMO Select</b>		<b>HMO</b>									
AHS1	E20	SELF	1	\$831.44	\$114.13	\$25.00	\$970.57	\$420.83	\$549.74	\$410.61	\$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$420.83	\$1,381.18	\$1,242.05	\$420.83
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$420.83	\$1,880.04	\$1,740.91	\$420.83
<b>Anthem HMO Traditional</b>		<b>HMO</b>									
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$420.83	\$829.43	\$690.30	\$420.83
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$420.83	\$1,940.56	\$1,801.43	\$420.83
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$420.83	\$2,607.24	\$2,468.11	\$420.83
<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	\$420.83	\$619.85	\$480.72	\$420.83
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$420.83	\$1,521.40	\$1,382.27	\$420.83
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$420.83	\$2,062.33	\$1,923.20	\$420.83
<b>Western Health Advantage</b>		<b>HMO</b>									
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$420.83	\$485.31	\$346.18	\$420.83
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$420.83	\$1,252.32	\$1,113.19	\$420.83
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$420.83	\$1,712.53	\$1,573.40	\$420.83

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- .Dental and Vision plans require 100% participation for full -time employees \*
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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