



**BAY AREA
2019 MATRIX**

0.7187

CSEA 6 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						
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$505.00	\$402.38	\$263.25	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$505.00	\$1,170.63	\$1,031.50	\$505.00
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$505.00	\$1,631.58	\$1,492.45	\$505.00
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$505.00	\$605.03	\$465.90	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$505.00	\$1,575.93	\$1,436.80	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$505.00	\$2,158.47	\$2,019.34	\$505.00
41 4040											
Athem Blue Cross- CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$505.00	\$500.40	\$361.27	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$505.00	\$1,366.67	\$1,227.54	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$505.00	\$1,886.43	\$1,747.30	\$505.00
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$505.00	\$177.32	\$38.19	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$505.00	\$720.51	\$581.38	\$505.00
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$505.00	\$1,046.42	\$907.29	\$505.00
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$505.00	\$765.81	\$626.68	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$505.00	\$1,897.49	\$1,758.36	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$505.00	\$2,576.50	\$2,437.37	\$505.00

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**



**BAY AREA
2019 MATRIX**

CSEA 6 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						
Anthem HMO Select		HMO									
AHS1	E20	SELF	1	\$831.44	\$114.13	\$25.00	\$970.57	\$505.00	\$465.57	\$326.44	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$505.00	\$1,297.01	\$1,157.88	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$505.00	\$1,795.87	\$1,656.74	\$505.00
Anthem HMO Traditional		HMO									
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$505.00	\$745.26	\$606.13	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$505.00	\$1,856.39	\$1,717.26	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$505.00	\$2,523.07	\$2,383.94	\$505.00
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	\$505.00	\$535.68	\$396.55	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$505.00	\$1,437.23	\$1,298.10	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$505.00	\$1,978.16	\$1,839.03	\$505.00
Western Health Advantage		HMO									
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$505.00	\$401.14	\$262.01	\$505.00
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$505.00	\$1,168.15	\$1,029.02	\$505.00
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$505.00	\$1,628.36	\$1,489.23	\$505.00

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