

**BAY AREA
2019 MATRIX**

0.8437



CSEA 7 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				
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$589.16	\$318.22	\$179.09	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$589.16	\$1,086.47	\$947.34	\$589.16
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$589.16	\$1,547.42	\$1,408.29	\$589.16
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$589.16	\$520.87	\$381.74	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$589.16	\$1,491.77	\$1,352.64	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$589.16	\$2,074.31	\$1,935.18	\$589.16
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$589.16	\$416.24	\$277.11	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$589.16	\$1,282.51	\$1,143.38	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$589.16	\$1,802.27	\$1,663.14	\$589.16
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$589.16	\$93.16	\$0.00	\$543.19
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$589.16	\$636.35	\$497.22	\$589.16
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$589.16	\$962.26	\$823.13	\$589.16
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$589.16	\$681.65	\$542.52	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$589.16	\$1,813.33	\$1,674.20	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$589.16	\$2,492.34	\$2,353.21	\$589.16

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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Anthem HMO Select										
AHS1	E20	SELF	\$831.44	\$114.13	\$25.00	\$970.57	\$589.16	\$381.41	\$242.28	\$589.16
	D20	SELF + 1 DEPENDENT	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$589.16	\$1,212.85	\$1,073.72	\$589.16
	F20	SELF + DEPENDENTS	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$589.16	\$1,711.71	\$1,572.58	\$589.16
Anthem HMO Traditional										
AHT1	E20	SELF	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$589.16	\$661.10	\$521.97	\$589.16
	D20	SELF + 1 DEPENDENT	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$589.16	\$1,772.23	\$1,633.10	\$589.16
	F20	SELF + DEPENDENTS	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$589.16	\$2,438.91	\$2,299.78	\$589.16
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	\$589.16	\$451.52	\$312.39	\$589.16
	D20	SELF + 1 DEPENDENT	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$589.16	\$1,353.07	\$1,213.94	\$589.16
	F20	SELF + DEPENDENTS	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$589.16	\$1,894.00	\$1,754.87	\$589.16
Western Health Advantage HMO										
		SELF	\$767.01	\$114.13	\$25.00	\$906.14	\$589.16	\$316.98	\$177.85	\$589.16
		SELF + 1 DEPENDENT	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$589.16	\$1,083.99	\$944.86	\$589.16
		SELF + DEPENDENTS	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$589.16	\$1,544.20	\$1,405.07	\$589.16

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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