



**BAY AREA  
2019 MATRIX**

0.9062

**CSEA 7.5 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	\$768.25	\$114.13	\$25.00	\$907.38	\$631.25	\$276.13	\$137.00	\$631.25
	D20	SELF + 1 DEPENDENT	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$631.25	\$1,044.38	\$905.25	\$631.25
	F20	SELF + DEPENDENTS	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$631.25	\$1,505.33	\$1,366.20	\$631.25
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	\$970.90	\$114.13	\$25.00	\$1,110.03	\$631.25	\$478.78	\$339.65	\$631.25
	D20	SELF + 1 DEPENDENT	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$631.25	\$1,449.68	\$1,310.55	\$631.25
	F20	SELF + DEPENDENTS	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$631.25	\$2,032.22	\$1,893.09	\$631.25
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E20	SELF	\$866.27	\$114.13	\$25.00	\$1,005.40	\$631.25	\$374.15	\$235.02	\$631.25
	D20	SELF + 1 DEPENDENT	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$631.25	\$1,240.42	\$1,101.29	\$631.25
	F20	SELF + DEPENDENTS	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$631.25	\$1,760.18	\$1,621.05	\$631.25
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	\$543.19	\$114.13	\$25.00	\$682.32	\$631.25	\$51.07	\$0.00	\$543.19
	D20	SELF + 1 DEPENDENT	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$631.25	\$594.26	\$455.13	\$631.25
	F20	SELF + DEPENDENTS	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$631.25	\$920.17	\$781.04	\$631.25
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$631.25	\$639.56	\$500.43	\$631.25
	D20	SELF + 1 DEPENDENT	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$631.25	\$1,771.24	\$1,632.11	\$631.25
	F20	SELF + DEPENDENTS	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$631.25	\$2,450.25	\$2,311.12	\$631.25

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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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>Anthem HMO Select</b>										
AHS1	E20	SELF	\$831.44	\$114.13	\$25.00	\$970.57	\$631.25	\$339.32	\$200.19	\$631.25
	D20	SELF + 1 DEPENDENT	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$631.25	\$1,170.76	\$1,031.63	\$631.25
	F20	SELF + DEPENDENTS	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$631.25	\$1,669.62	\$1,530.49	\$631.25
<b>Anthem HMO Traditional</b>										
AHT1	E20	SELF	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$631.25	\$619.01	\$479.88	\$631.25
	D20	SELF + 1 DEPENDENT	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$631.25	\$1,730.14	\$1,591.01	\$631.25
	F20	SELF + DEPENDENTS	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$631.25	\$2,396.82	\$2,257.69	\$631.25
<b>United HealthCare HMO PLAN</b>										
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
<b>HealthNet SmartCare HMO PLAN</b>										
HN01	E20	SELF	\$901.55	\$114.13	\$25.00	\$1,040.68	\$631.25	\$409.43	\$270.30	\$631.25
	D20	SELF + 1 DEPENDENT	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$631.25	\$1,310.98	\$1,171.85	\$631.25
	F20	SELF + DEPENDENTS	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$631.25	\$1,851.91	\$1,712.78	\$631.25
<b>Western Health Advantage HMO</b>										
		SELF	\$767.01	\$114.13	\$25.00	\$906.14	\$631.25	\$274.89	\$135.76	\$631.25
		SELF + 1 DEPENDENT	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$631.25	\$1,041.90	\$902.77	\$631.25
		SELF + DEPENDENTS	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$631.25	\$1,502.11	\$1,362.98	\$631.25

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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