



**BAY AREA
2019 MATRIX**

0.9687

CSEA 8 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
				*MANDATORY eff 1-1-15	*MANDATORY eff 1-1-15		applied to Health 1st			
22 4030										
KAISER HMO										
KP01	E20	SELF	1	\$768.25	\$114.13	\$25.00	\$907.38	\$673.33	\$234.05	\$94.92 \$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,536.50	\$114.13	\$25.00	\$1,675.63	\$673.33	\$1,002.30	\$863.17 \$673.33
	F20	SELF + DEPENDENTS	3	\$1,997.45	\$114.13	\$25.00	\$2,136.58	\$673.33	\$1,463.25	\$1,324.12 \$673.33
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E20	SELF	1	\$970.90	\$114.13	\$25.00	\$1,110.03	\$673.33	\$436.70	\$297.57 \$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,941.80	\$114.13	\$25.00	\$2,080.93	\$673.33	\$1,407.60	\$1,268.47 \$673.33
	F20	SELF + DEPENDENTS	3	\$2,524.34	\$114.13	\$25.00	\$2,663.47	\$673.33	\$1,990.14	\$1,851.01 \$673.33
41 4040										
Athem Blue Cross-CHOICE PERS PPO 80/20										
CH01	E20	SELF	1	\$866.27	\$114.13	\$25.00	\$1,005.40	\$673.33	\$332.07	\$192.94 \$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,732.54	\$114.13	\$25.00	\$1,871.67	\$673.33	\$1,198.34	\$1,059.21 \$673.33
	F20	SELF + DEPENDENTS	3	\$2,252.30	\$114.13	\$25.00	\$2,391.43	\$673.33	\$1,718.10	\$1,578.97 \$673.33
42 4050										
PERS SELECT PPO 80/20										
SE01	E20	SELF	1	\$543.19	\$114.13	\$25.00	\$682.32	\$673.33	\$8.99	\$0.00 \$543.19
	D20	SELF + 1 DEPENDENT	2	\$1,086.38	\$114.13	\$25.00	\$1,225.51	\$673.33	\$552.18	\$413.05 \$673.33
	F20	SELF + DEPENDENTS	3	\$1,412.29	\$114.13	\$25.00	\$1,551.42	\$673.33	\$878.09	\$738.96 \$673.33
43 4060										
PERS CARE PPO 90/10										
CA01	E20	SELF	1	\$1,131.68	\$114.13	\$25.00	\$1,270.81	\$673.33	\$597.48	\$458.35 \$673.33
	D20	SELF + 1 DEPENDENT	2	\$2,263.36	\$114.13	\$25.00	\$2,402.49	\$673.33	\$1,729.16	\$1,590.03 \$673.33
	F20	SELF + DEPENDENTS	3	\$2,942.37	\$114.13	\$25.00	\$3,081.50	\$673.33	\$2,408.17	\$2,269.04 \$673.33

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	ER	
				*MANDATORY eff 1-1-15	*MANDATORY eff 1-1-15				Health	Health	
									Cost	Cost	
									applied to Health 1st		
Anthem HMO Select											
AHS1	E20	SELF	1	\$831.44	\$114.13	\$25.00	\$970.57	\$673.33	\$297.24	\$158.11	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,662.88	\$114.13	\$25.00	\$1,802.01	\$673.33	\$1,128.68	\$989.55	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,161.74	\$114.13	\$25.00	\$2,300.87	\$673.33	\$1,627.54	\$1,488.41	\$673.33
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,111.13	\$114.13	\$25.00	\$1,250.26	\$673.33	\$576.93	\$437.80	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$2,222.26	\$114.13	\$25.00	\$2,361.39	\$673.33	\$1,688.06	\$1,548.93	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,888.94	\$114.13	\$25.00	\$3,028.07	\$673.33	\$2,354.74	\$2,215.61	\$673.33
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	\$673.33	\$367.35	\$228.22	\$673.33
	D20	SELF + 1 DEPENDENT	2	\$1,803.10	\$114.13	\$25.00	\$1,942.23	\$673.33	\$1,268.90	\$1,129.77	\$673.33
	F20	SELF + DEPENDENTS	3	\$2,344.03	\$114.13	\$25.00	\$2,483.16	\$673.33	\$1,809.83	\$1,670.70	\$673.33
Western Health Advantage HMO											
		SELF	1	\$767.01	\$114.13	\$25.00	\$906.14	\$673.33	\$232.81	\$93.68	\$673.33
		SELF + 1 DEPENDENT	2	\$1,534.02	\$114.13	\$25.00	\$1,673.15	\$673.33	\$999.82	\$860.69	\$673.33
		SELF + DEPENDENTS	3	\$1,994.23	\$114.13	\$25.00	\$2,133.36	\$673.33	\$1,460.03	\$1,320.90	\$673.33

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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