



**2018/19 HEALTH CARE AND INSURANCE MONTHLY PREMIUM RATE CHART**

EMPLOYEE COLLECTIVE BARGAINING UNITS			CSUS HEALTH CONTRIBUTIONS BY UNIT		
Represented Units:			Coverage:	All Other Units	Unit 6 Only
CFUAPD	Unit 1	(Physicians)	Employee Only	\$734.00	\$739.00
CFA	Unit 3	(Faculty)	Employee + 1 Dependent	\$1,398.00	\$1,408.00
APC	Unit 4	(Academic Professionals)	Employee + 2 or more	\$1,788.00	\$1,808.00
SETC	Unit 6	(Skilled Crafts)	<b>DENTAL, VISION, LIFE INSURANCE* and LONG TERM DISABILITY* PREMIUMS ARE FULLY COVERED BY THE CSU</b>		
SUPA	Unit 8	(Public Safety Officers)			
CSUEU	Units 2, 5, 7, & 9	(Health, Operations, Technical & Administrative Support Services)			
Non-Representative:		MPP, Fellows, Confidential Employees	<b>NOTE: Premium contributions are subject to change due to Collective Bargaining negotiations.</b>		

Health Plan	Eligible Dependents	Plan Code	2018			2019		
			Total Mo. Premium	Amount Paid by Employee	Unit 6 Mo. Ded.	Total Mo. Premium	Amount Paid by Employee	Unit 6 Mo. Ded.
ANTHEM SELECT (HMO)	Employee Only	1811	\$796.73	\$71.73	\$66.73	\$742.89	\$8.89	\$3.89
	Employee + 1 Dependent	1812	\$1,593.46	\$216.46	\$206.46	\$1,485.78	\$87.78	\$77.78
	Employee + 2 or more	1813	\$2,071.50	\$305.50	\$285.50	\$1,931.51	\$143.51	\$123.51
ANTHEM TRADITIONAL (HMO)	Employee Only	1801	\$841.34	\$116.34	\$111.34	\$1,034.48	\$300.48	\$295.48
	Employee + 1 Dependent	1802	\$1,682.68	\$305.68	\$295.68	\$2,068.96	\$670.96	\$660.96
	Employee + 2 or more	1803	\$2,187.48	\$421.48	\$401.48	\$2,689.65	\$901.65	\$881.65
BLUE SHIELD ACCESS+ (HMO)	Employee Only	1411	\$752.32	\$27.32	\$22.32	\$799.03	\$65.03	\$60.03
	Employee + 1 Dependent	1412	\$1,504.64	\$127.64	\$117.64	\$1,598.06	\$200.06	\$190.06
	Employee + 2 or more	1413	\$1,956.03	\$190.03	\$170.03	\$2,077.48	\$289.48	\$269.48
KAISER (HMO)	Employee Only	561	\$717.38	\$0.00	\$0.00	\$708.39	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$1,434.76	\$57.76	\$47.76	\$1,416.78	\$18.78	\$8.78
	Employee + 2 or more	563	\$1,865.19	\$99.19	\$79.19	\$1,841.81	\$53.81	\$33.81
UNITED HEALTHCARE (HMO)	Employee Only	1871	\$704.59	\$0.00	\$0.00	\$695.77	\$0.00	\$0.00
	Employee + 1 Dependent	1872	\$1,409.18	\$32.18	\$22.18	\$1,391.54	\$0.00	\$0.00
	Employee + 2 or more	1873	\$1,831.93	\$65.93	\$45.93	\$1,809.00	\$21.00	\$1.00
WESTERN HEALTH ADVANTAGE	Employee Only	1761	\$720.44	\$0.00	\$0.00	\$706.79	\$0.00	\$0.00
	Employee + 1 Dependent	1762	\$1,440.88	\$63.88	\$53.88	\$1,413.58	\$15.58	\$5.58
	Employee + 2 or more	1763	\$1,873.14	\$107.14	\$87.14	\$1,837.65	\$49.65	\$29.65
PERS CARE (PPO)	Employee Only	2781	\$776.19	\$51.19	\$46.19	\$929.89	\$195.89	\$190.89
	Employee + 1 Dependent	2782	\$1,552.38	\$175.38	\$165.38	\$1,859.78	\$461.78	\$451.78
	Employee + 2 or more	2783	\$2,018.09	\$252.09	\$232.09	\$2,417.71	\$629.71	\$609.71
PERS CHOICE (PPO)	Employee Only	2221	\$724.16	\$0.00	\$0.00	\$764.78	\$30.78	\$25.78
	Employee + 1 Dependent	2222	\$1,448.32	\$71.32	\$61.32	\$1,529.56	\$131.56	\$121.56
	Employee + 2 or more	2223	\$1,882.82	\$116.82	\$96.82	\$1,988.43	\$200.43	\$180.43
PERS SELECT (PPO)	Employee Only	451	\$661.29	\$0.00	\$0.00	\$492.24	\$0.00	\$0.00
	Employee + 1 Dependent	452	\$1,322.58	\$0.00	\$0.00	\$984.48	\$0.00	\$0.00
	Employee + 2 or more	453	\$1,719.35	\$0.00	\$0.00	\$1,279.82	\$0.00	\$0.00
PORAC (Unit 8 (SUPA) only)	Employee Only	2071	\$734.00	\$9.00	NOT APPLICABLE	\$774.00	\$40.00	NOT APPLICABLE
	Employee + 1 Dependent	2072	\$1,540.00	\$163.00	NOT APPLICABLE	\$1,623.00	\$225.00	NOT APPLICABLE
	Employee + 2 or more	2073	\$1,970.00	\$204.00	NOT APPLICABLE	\$2,076.00	\$288.00	NOT APPLICABLE
KAISER (OUT OF STATE)	Employee Only	Codes vary by region	\$957.05	\$232.05	\$227.05	\$964.68	\$230.68	\$225.68
	Employee + 1 Dependent		\$1,914.10	\$537.10	\$527.10	\$1,929.36	\$531.36	\$521.36
	Employee + 2 or more		\$2,488.33	\$722.33	\$702.33	\$2,508.17	\$720.17	\$700.17
HEALTH NET SALUD Y MAS (Limited SoCal Region)	Employee Only	1841	\$471.51	\$0.00	\$0.00	\$376.89	\$0.00	\$0.00
	Employee + 1 Dependent	1842	\$943.02	\$0.00	\$0.00	\$753.78	\$0.00	\$0.00
	Employee + 2 or more	1843	\$1,225.93	\$0.00	\$0.00	\$979.91	\$0.00	\$0.00
HEALTH NET SMARTCARE (HMO) (Unavailable in Sac)	Employee Only	1851	\$790.73	\$65.73	\$60.73	\$728.70	\$0.00	\$728.70
	Employee + 1 Dependent	1852	\$1,581.46	\$204.46	\$194.46	\$1,457.40	\$59.40	\$1,457.40
	Employee + 2 or more	1853	\$2,055.90	\$289.90	\$269.90	\$1,894.62	\$106.62	\$1,894.62
SHARP* (San Diego region only)	Employee Only	1891	\$624.70	\$0.00	\$0.00	\$593.66	\$0.00	\$0.00
	Employee + 1 Dependent	1892	\$1,249.40	\$0.00	\$0.00	\$1,187.32	\$0.00	\$0.00
	Employee + 2 or more	1893	\$1,624.22	\$0.00	\$0.00	\$1,543.52	\$0.00	\$0.00