

2019 Health Care and Insurance Monthly Premium Rate Chart

EMPLOYEE COLLECTIVE BARGAINING UNITS			CSU 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
TEAMSTERS 2010	Unit 6	(Skilled Crafts)	DENTAL, BASIC VISION, LIFE INSURANCE* and LONG TERM DISABILITY* PREMIUMS ARE FULLY COVERED BY THE CSU * Coverage varies and is not applicable to all Collective Bargaining Units		
SUPA	Unit 8	(Public Safety Officers)			
CSUEU	Units 2, 5, 7, & 9	(Health, Operations, Technical & Administrative Support Services)			
Non-Representative:		MPP, Confidential, and Excluded Classifications	NOTE: Premium contributions are subject to change due to Collective Bargaining negotiations.		

Health Plan	Eligible Dependents	Plan Code	2019				
			Total Mo. Premium	Employee Mo. Deduction	Unit 6 Mo. Deduction	While on Leave	While on COBRA
ANTHEM TRADITIONAL (HMO)	Employee Only	1801	\$1,034.48	\$300.48	\$295.48	\$1,034.48	\$1,055.17
	Employee + 1 Dependent	1802	\$2,068.96	\$670.96	\$660.96	\$2,068.96	\$2,110.34
	Employee + 2 or more	1803	\$2,689.65	\$901.65	\$881.65	\$2,689.65	\$2,743.44
KAISER (HMO)	Employee Only	0561	\$708.39	\$0.00	\$0.00	\$708.39	\$722.56
	Employee + 1 Dependent	0562	\$1,416.78	\$18.78	\$8.78	\$1,416.78	\$1,445.12
	Employee + 2 or more	0563	\$1,841.81	\$53.81	\$33.81	\$1,841.81	\$1,878.65
HEALTH NET SMARTCARE (HMO)	Employee Only	1851	\$728.70	\$0.00	\$0.00	\$728.70	\$743.27
	Employee + 1 Dependent	1852	\$1,457.40	\$59.40	\$49.40	\$1,457.40	\$1,486.55
	Employee + 2 or more	1853	\$1,894.62	\$106.62	\$86.62	\$1,894.62	\$1,932.51
UNITED HEALTHCARE (HMO)	Employee Only	1871	\$695.77	\$0.00	\$0.00	\$695.77	\$709.69
	Employee + 1 Dependent	1872	\$1,391.54	\$0.00	\$0.00	\$1,391.54	\$1,419.37
	Employee + 2 or more	1873	\$1,809.00	\$21.00	\$1.00	\$1,809.00	\$1,845.18
WESTERN HEALTH ADVANTAGE (HMO)	Employee Only	1761	\$706.79	\$0.00	\$0.00	\$706.79	\$720.93
	Employee + 1 Dependent	1762	\$1,413.58	\$15.58	\$5.58	\$1,413.58	\$1,441.85
	Employee + 2 or more	1763	\$1,837.65	\$49.65	\$29.65	\$1,837.65	\$1,874.40
PERS CARE (PPO)	Employee Only	2781	\$929.89	\$195.89	\$190.89	\$929.89	\$948.49
	Employee + 1 Dependent	2782	\$1,859.78	\$461.78	\$451.78	\$1,859.78	\$1,896.98
	Employee + 2 or more	2783	\$2,417.71	\$629.71	\$609.71	\$2,417.71	\$2,466.06
PERS CHOICE (PPO)	Employee Only	2221	\$764.78	\$30.78	\$25.78	\$764.78	\$780.08
	Employee + 1 Dependent	2222	\$1,529.56	\$131.56	\$121.56	\$1,529.56	\$1,560.15
	Employee + 2 or more	2223	\$1,988.43	\$200.43	\$180.43	\$1,988.43	\$2,028.20
PERS SELECT (PPO)	Employee Only	0451	\$492.24	\$0.00	\$0.00	\$492.24	\$502.08
	Employee + 1 Dependent	0452	\$984.48	\$0.00	\$0.00	\$984.48	\$1,004.17
	Employee + 2 or more	0453	\$1,279.82	\$0.00	\$0.00	\$1,279.82	\$1,305.42
PORAC (Unit 8 (SUPA) only)	Employee Only	2071	\$774.00	\$40.00	NOT APPLICABLE	\$774.00	\$789.48
	Employee + 1 Dependent	2072	\$1,623.00	\$225.00		\$1,623.00	\$1,655.46
	Employee + 2 or more	2073	\$2,076.00	\$288.00		\$2,076.00	\$2,117.52
KAISER (OUT OF STATE)	Employee Only	Codes	\$964.68	\$230.68	\$225.68	\$964.68	\$983.97
	Employee + 1 Dependent	vary by region	\$1,929.36	\$531.36	\$521.36	\$1,929.36	\$1,967.95
	Employee + 2 or more		\$2,508.17	\$720.17	\$700.17	\$2,508.17	\$2,558.33

2019 Health Care and Insurance Monthly Premium Rate Chart

Dental Plan	Eligible Group	Group Numbers	Enrollment	Employer Mo. Premium	While on Leave	While on COBRA
Delta Basic (PPO)	Public Safety (Unit 8)	4018-2041	Employee Only	\$30.45	\$30.45	\$31.06
	E99 (except Teaching Associates)	4018-4051	Employee + 1 Dep.	\$57.52	\$57.52	\$58.67
	STRS Annuitants	4018-2061	Employee + 2 or more	\$115.49	\$115.49	\$117.80
	PERS Annuitants	4018-2071				
Delta Enhanced Level II (PPO)	Physicians (Unit 1)	4018-2011	Employee Only Employee + 1 Dep. Employee + 2 or more	\$45.85 \$86.52 \$169.03	\$45.85 \$86.52 \$169.03	\$46.77 \$88.25 \$172.41
	CSUEU (Unit 2,5,7,9)	4018-2021				
	Faculty (Unit 3)	4018-3011				
	FERP Annuitants Academic	4018-3031				
	Support (Unit 4) Skilled	4018-3021				
	Crafts (Unit 6)	4018-2031				
	Confidential (C99)	4018-4011				
Management Personnel Plan (M80)	4018-4011					
Executive (M98)	4018-4011					
DELTA CARE USA – Basic (HMO)	Public Safety (Unit 8)	72034-0001	Employee Only	\$18.85	\$18.85	\$19.23
	E99 (except Teaching Associates)	72034-0001	Employee + 1 Dep.	\$31.08	\$31.08	\$31.70
	STRS Annuitants	72034-0004	Employee + 2 or more	\$45.97	\$45.97	\$46.89
	PERS Annuitants	72034-0004				
DELTA CARE USA – Enhanced (HMO)	Physicians (Unit 1)	72034-0005	Employee Only Employee + 1 Dep. Employee + 2 or more	\$25.04 \$41.33 \$61.12	\$25.04 \$41.33 \$61.12	\$25.54 \$42.16 \$62.34
	CSUEU (Unit 2,5,7,9)	72034-0005				
	Faculty (Unit 3)	72034-0005				
	FERP Annuitants	72034-0008				
	Academic Support (Unit 4)	72034-0005				
	Skilled Crafts (Unit 6)	72034-0005				
	Confidential (C99)	72034-0005				
Management Personnel Plan (M80)	72034-0005					
Executive (M98)	72034-0005					

Vision by Vision Service Plan (VSP)	Group/Eligible Dependents	Payroll Code	Employer Mo. Premium	Employee Mo. Deduction	While on Leave	While on COBRA
Basic Plan - Group #30059426	All Groups (except FERP)	450-003	\$7.47	\$0.00	\$7.47	\$7.61
	FERP	450-997	\$89.64 (annual)	\$0.00	\$89.64 (annual)	\$7.61 (per month)
Premier Plan	Employee Only	361-450	\$7.47	\$4.33	\$11.80	\$12.03
	Employee + 1 Dependent	361-450	\$7.47	\$16.13	\$23.60	\$24.07
	Employee + 2 or more	361-450	\$7.47	\$30.52	\$37.99	\$38.75

Life Insurance and AD&D Plan	Group	Payroll Code	Coverage	Employer Mo. Premium
CSU-Paid Life Insurance and AD&D Policy (The Standard)	Physicians (Unit 1)	250-028	\$25K Life and AD&D	\$3.00
	CSUEU (Units 2,5,7,9)	250-027	\$10K Life & AD&D	\$1.20
	Faculty (Unit 3)	250-021	\$50K Life & AD&D	\$6.00
	Academic Support (Unit 4)	250-024	\$25K Life & AD&D	\$3.00
	Public Safety (Unit 8)	250-023	\$10K Life & AD&D	\$1.20
	Confidential (C99)	250-025	\$50K Life & AD&D	\$6.00
	Teaching Associates (R11)	250-022	\$50K Life only	\$5.50
	Management Personnel Plan (M80)	250-020	\$100K Life & AD&D	\$12.00
	Executive (M98)	250-026	\$250K Life & AD&D	\$30.00

Long Term Disability Plan	Group	Payroll Code	Coverage	Employer Mo. Premium
CSU-Paid Long Term Disability Policy (The Standard)	Physicians (Unit 1)	250-103	See The Standard's Long Term Disability publication for amount of coverage	\$53.85
	Faculty (Unit 3)	250-101		\$3.71
	Academic Support (Unit 4)	250-102		\$1.70
	Confidential (C99)	250-105		\$4.20
	Management Personnel Plan (M80)	250-100		\$5.19
	Executive (M98)	250-104		\$9.87