



**SACRAMENTO
2018 MATRIX**

CSEA 4 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

									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						
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$703.96	\$114.13	\$25.00	\$843.09	\$336.65	\$506.44	\$367.31	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$336.65	\$1,210.40	\$1,071.27	\$336.65
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$336.65	\$1,632.78	\$1,493.65	\$336.65
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$336.65	\$609.19	\$470.06	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$336.65	\$1,415.90	\$1,276.77	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$336.65	\$1,899.93	\$1,760.80	\$336.65
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$735.38	\$114.13	\$25.00	\$874.51	\$336.65	\$537.86	\$398.73	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$336.65	\$1,273.24	\$1,134.11	\$336.65
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$336.65	\$1,714.47	\$1,575.34	\$336.65
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$336.65	\$487.38	\$348.25	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$336.65	\$1,172.28	\$1,033.15	\$336.65
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$336.65	\$1,583.22	\$1,444.09	\$336.65
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$336.65	\$600.09	\$460.96	\$336.65
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$336.65	\$1,397.70	\$1,258.57	\$336.65
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$336.65	\$1,876.27	\$1,737.14	\$336.65

rates are subject to change throughout the year

* Dental and Vision plans require 100% participation for full -time employees.
 # Waiving medical coverage requires completing an ENROLLMENT form.
 **District contributions are subject to change due to on-going bargaining group negotiations.



**SACRAMENTO
2018 MATRIX**

CSEA 4 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

									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						
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$336.65	\$744.77	\$605.64	\$336.65
D20		SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$336.65	\$1,687.06	\$1,547.93	\$336.65
F20		SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$336.65	\$2,252.43	\$2,113.30	\$336.65
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$336.65	\$857.10	\$717.97	\$336.65
D20		SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$336.65	\$1,911.72	\$1,772.59	\$336.65
F20		SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$336.65	\$2,544.49	\$2,405.36	\$336.65
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$336.65	\$633.90	\$494.77	\$336.65
D20		SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$336.65	\$1,465.32	\$1,326.19	\$336.65
F20		SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$336.65	\$1,964.17	\$1,825.04	\$336.65
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$336.65	\$783.30	\$644.17	\$336.65
D20		SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$336.65	\$1,764.12	\$1,624.99	\$336.65
F20		SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$336.65	\$2,352.61	\$2,213.48	\$336.65
Western Health Advantage HMO											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$336.65	\$547.27	\$408.14	\$336.65
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$336.65	\$1,292.06	\$1,152.93	\$336.65
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$336.65	\$1,738.93	\$1,599.80	\$336.65

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**

Basic Premium Rates - SACRAMENTO AREA

El Dorado, Placer, Sacramento and Yolo

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information