



**SACRAMENTO
2018 MATRIX**

CSEA 4.5 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 | \$378.73 | \$464.36 | \$325.23 | \$378.73 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,407.92 | \$114.13 | \$25.00 | \$1,547.05 | \$378.73 | \$1,168.32 | \$1,029.19 | \$378.73 |
| | F20 | SELF + DEPENDENTS | 3 | \$1,830.30 | \$114.13 | \$25.00 | \$1,969.43 | \$378.73 | \$1,590.70 | \$1,451.57 | \$378.73 |
| 32 4010 | | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | | |
| BA01 | E20 | SELF | 1 | \$806.71 | \$114.13 | \$25.00 | \$945.84 | \$378.73 | \$567.11 | \$427.98 | \$378.73 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,613.42 | \$114.13 | \$25.00 | \$1,752.55 | \$378.73 | \$1,373.82 | \$1,234.69 | \$378.73 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,097.45 | \$114.13 | \$25.00 | \$2,236.58 | \$378.73 | \$1,857.85 | \$1,718.72 | \$378.73 |
| 41 4040 | | | | | | | | | | | |
| Athem Blue Cross-CHOICE PERS PPO 80/20 | | | | | | | | | | | |
| CH01 | E20 | SELF | 1 | \$735.38 | \$114.13 | \$25.00 | \$874.51 | \$378.73 | \$495.78 | \$356.65 | \$378.73 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,470.76 | \$114.13 | \$25.00 | \$1,609.89 | \$378.73 | \$1,231.16 | \$1,092.03 | \$378.73 |
| | F20 | SELF + DEPENDENTS | 3 | \$1,911.99 | \$114.13 | \$25.00 | \$2,051.12 | \$378.73 | \$1,672.39 | \$1,533.26 | \$378.73 |
| 42 4050 | | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | | |
| SE01 | E20 | SELF | 1 | \$684.90 | \$114.13 | \$25.00 | \$824.03 | \$378.73 | \$445.30 | \$306.17 | \$378.73 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,369.80 | \$114.13 | \$25.00 | \$1,508.93 | \$378.73 | \$1,130.20 | \$991.07 | \$378.73 |
| | F20 | SELF + DEPENDENTS | 3 | \$1,780.74 | \$114.13 | \$25.00 | \$1,919.87 | \$378.73 | \$1,541.14 | \$1,402.01 | \$378.73 |
| 43 4060 | | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | | |
| CA01 | E20 | SELF | 1 | \$797.61 | \$114.13 | \$25.00 | \$936.74 | \$378.73 | \$558.01 | \$418.88 | \$378.73 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,595.22 | \$114.13 | \$25.00 | \$1,734.35 | \$378.73 | \$1,355.62 | \$1,216.49 | \$378.73 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,073.79 | \$114.13 | \$25.00 | \$2,212.92 | \$378.73 | \$1,834.19 | \$1,695.06 | \$378.73 |

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.



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2018 MATRIX**

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**PAYROLL USE
ONLY**

| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | PAYROLL USE ONLY | | |
|-------------------------------------|------|--------------------|------------|------------|----------|-------------------|-----------------|-------------------------------|----------------------|----------------------|----------|
| | | | | | | | | | 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 | \$378.73 | \$702.69 | \$563.56 | \$378.73 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,884.58 | \$114.13 | \$25.00 | \$2,023.71 | \$378.73 | \$1,644.98 | \$1,505.85 | \$378.73 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,449.95 | \$114.13 | \$25.00 | \$2,589.08 | \$378.73 | \$2,210.35 | \$2,071.22 | \$378.73 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,054.62 | \$114.13 | \$25.00 | \$1,193.75 | \$378.73 | \$815.02 | \$675.89 | \$378.73 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$2,109.24 | \$114.13 | \$25.00 | \$2,248.37 | \$378.73 | \$1,869.64 | \$1,730.51 | \$378.73 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,742.01 | \$114.13 | \$25.00 | \$2,881.14 | \$378.73 | \$2,502.41 | \$2,363.28 | \$378.73 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$831.42 | \$114.13 | \$25.00 | \$970.55 | \$378.73 | \$591.82 | \$452.69 | \$378.73 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,662.84 | \$114.13 | \$25.00 | \$1,801.97 | \$378.73 | \$1,423.24 | \$1,284.11 | \$378.73 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,161.69 | \$114.13 | \$25.00 | \$2,300.82 | \$378.73 | \$1,922.09 | \$1,782.96 | \$378.73 |
| HealthNet SmartCare HMO PLAN | | | | | | | | | | | |
| HN01 | E20 | SELF | 1 | \$980.82 | \$114.13 | \$25.00 | \$1,119.95 | \$378.73 | \$741.22 | \$602.09 | \$378.73 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,961.64 | \$114.13 | \$25.00 | \$2,100.77 | \$378.73 | \$1,722.04 | \$1,582.91 | \$378.73 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,550.13 | \$114.13 | \$25.00 | \$2,689.26 | \$378.73 | \$2,310.53 | \$2,171.40 | \$378.73 |
| Western Health Advantage HMO | | | | | | | | | | | |
| | | SELF | 1 | \$744.79 | \$114.13 | \$25.00 | \$883.92 | \$378.73 | \$505.19 | \$366.06 | \$378.73 |
| | | SELF + 1 DEPENDENT | 2 | \$1,489.58 | \$114.13 | \$25.00 | \$1,628.71 | \$378.73 | \$1,249.98 | \$1,110.85 | \$378.73 |
| | | SELF + DEPENDENTS | 3 | \$1,936.45 | \$114.13 | \$25.00 | \$2,075.58 | \$378.73 | \$1,696.85 | \$1,557.72 | \$378.73 |

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