



**SACRAMENTO  
2018 MATRIX**

**CSEA 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					
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E20	SELF	\$703.96	\$114.13	\$25.00	\$843.09	\$420.81	\$422.28	\$283.15	\$420.81
	D20	SELF + 1 DEPENDENT	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$420.81	\$1,126.24	\$987.11	\$420.81
	F20	SELF + DEPENDENTS	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$420.81	\$1,548.62	\$1,409.49	\$420.81
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E20	SELF	\$806.71	\$114.13	\$25.00	\$945.84	\$420.81	\$525.03	\$385.90	\$420.81
	D20	SELF + 1 DEPENDENT	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$420.81	\$1,331.74	\$1,192.61	\$420.81
	F20	SELF + DEPENDENTS	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$420.81	\$1,815.77	\$1,676.64	\$420.81
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E20	SELF	\$735.38	\$114.13	\$25.00	\$874.51	\$420.81	\$453.70	\$314.57	\$420.81
	D20	SELF + 1 DEPENDENT	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$420.81	\$1,189.08	\$1,049.95	\$420.81
	F20	SELF + DEPENDENTS	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$420.81	\$1,630.31	\$1,491.18	\$420.81
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E20	SELF	\$684.90	\$114.13	\$25.00	\$824.03	\$420.81	\$403.22	\$264.09	\$420.81
	D20	SELF + 1 DEPENDENT	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$420.81	\$1,088.12	\$948.99	\$420.81
	F20	SELF + DEPENDENTS	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$420.81	\$1,499.06	\$1,359.93	\$420.81
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E20	SELF	\$797.61	\$114.13	\$25.00	\$936.74	\$420.81	\$515.93	\$376.80	\$420.81
	D20	SELF + 1 DEPENDENT	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$420.81	\$1,313.54	\$1,174.41	\$420.81
	F20	SELF + DEPENDENTS	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$420.81	\$1,792.11	\$1,652.98	\$420.81

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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									PAYROLL USE ONLY	
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 1-1-15	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
<b>Anthem HMO Select</b>										
AHS1 E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$420.81	\$660.61	\$521.48	\$420.81
D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$420.81	\$1,602.90	\$1,463.77	\$420.81
F20	SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$420.81	\$2,168.27	\$2,029.14	\$420.81
<b>Anthem HMO Traditional</b>										
AHT1 E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$420.81	\$772.94	\$633.81	\$420.81
D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$420.81	\$1,827.56	\$1,688.43	\$420.81
F20	SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$420.81	\$2,460.33	\$2,321.20	\$420.81
<b>United HealthCare HMO PLAN</b>										
UN01 E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$420.81	\$549.74	\$410.61	\$420.81
D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$420.81	\$1,381.16	\$1,242.03	\$420.81
F20	SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$420.81	\$1,880.01	\$1,740.88	\$420.81
<b>HealthNet SmartCare HMO PLAN</b>										
HN01 E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$420.81	\$699.14	\$560.01	\$420.81
D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$420.81	\$1,679.96	\$1,540.83	\$420.81
F20	SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$420.81	\$2,268.45	\$2,129.32	\$420.81
<b>Western Health Advantage HMO</b>										
	SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$420.81	\$463.11	\$323.98	\$420.81
	SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$420.81	\$1,207.90	\$1,068.77	\$420.81
	SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$420.81	\$1,654.77	\$1,515.64	\$420.81

*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](http://www.calpers.ca.gov) and click on Health Plan Information