



**SACRAMENTO
2018 MATRIX**

CSEA 5.5 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 eff 1-1-15	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$703.96	\$114.13	\$25.00	\$843.09	\$462.89	\$380.20	\$241.07	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$462.89	\$1,084.16	\$945.03	\$462.89
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$462.89	\$1,506.54	\$1,367.41	\$462.89
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$462.89	\$482.95	\$343.82	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$462.89	\$1,289.66	\$1,150.53	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$462.89	\$1,773.69	\$1,634.56	\$462.89
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E20	SELF	1	\$735.38	\$114.13	\$25.00	\$874.51	\$462.89	\$411.62	\$272.49	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$462.89	\$1,147.00	\$1,007.87	\$462.89
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$462.89	\$1,588.23	\$1,449.10	\$462.89
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$462.89	\$361.14	\$222.01	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$462.89	\$1,046.04	\$906.91	\$462.89
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$462.89	\$1,456.98	\$1,317.85	\$462.89
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$462.89	\$473.85	\$334.72	\$462.89
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$462.89	\$1,271.46	\$1,132.33	\$462.89
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$462.89	\$1,750.03	\$1,610.90	\$462.89

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
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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	
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$462.89	\$618.53	\$479.40	\$462.89
D20		SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$462.89	\$1,560.82	\$1,421.69	\$462.89
F20		SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$462.89	\$2,126.19	\$1,987.06	\$462.89
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$462.89	\$730.86	\$591.73	\$462.89
D20		SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$462.89	\$1,785.48	\$1,646.35	\$462.89
F20		SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$462.89	\$2,418.25	\$2,279.12	\$462.89
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$462.89	\$507.66	\$368.53	\$462.89
D20		SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$462.89	\$1,339.08	\$1,199.95	\$462.89
F20		SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$462.89	\$1,837.93	\$1,698.80	\$462.89
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$462.89	\$657.06	\$517.93	\$462.89
D20		SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$462.89	\$1,637.88	\$1,498.75	\$462.89
F20		SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$462.89	\$2,226.37	\$2,087.24	\$462.89
Western Health Advantage HMO											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$462.89	\$421.03	\$281.90	\$462.89
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$462.89	\$1,165.82	\$1,026.69	\$462.89
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$462.89	\$1,612.69	\$1,473.56	\$462.89

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