



**SACRAMENTO  
2018 MATRIX**

0.7187

**CSEA 6 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	1	\$703.96	\$114.13	\$25.00	\$843.09	\$504.98	\$338.11	\$198.98	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$504.98	\$1,042.07	\$902.94	\$504.98
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$504.98	\$1,464.45	\$1,325.32	\$504.98
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$504.98	\$440.86	\$301.73	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$504.98	\$1,247.57	\$1,108.44	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$504.98	\$1,731.60	\$1,592.47	\$504.98
<b>41 4040</b>											
<b>Athem Blue Cross-CHOICE PERS PPO 80/20</b>											
CH01	E20	SELF	1	\$735.38	\$114.13	\$25.00	\$874.51	\$504.98	\$369.53	\$230.40	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$504.98	\$1,104.91	\$965.78	\$504.98
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$504.98	\$1,546.14	\$1,407.01	\$504.98
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$504.98	\$319.05	\$179.92	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$504.98	\$1,003.95	\$864.82	\$504.98
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$504.98	\$1,414.89	\$1,275.76	\$504.98
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$504.98	\$431.76	\$292.63	\$504.98
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$504.98	\$1,229.37	\$1,090.24	\$504.98
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$504.98	\$1,707.94	\$1,568.81	\$504.98

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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				eff 1-1-15	eff 1-1-15						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$504.98	\$576.44	\$437.31	\$504.98
D20		SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$504.98	\$1,518.73	\$1,379.60	\$504.98
F20		SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$504.98	\$2,084.10	\$1,944.97	\$504.98
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$504.98	\$688.77	\$549.64	\$504.98
D20		SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$504.98	\$1,743.39	\$1,604.26	\$504.98
F20		SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$504.98	\$2,376.16	\$2,237.03	\$504.98
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$504.98	\$465.57	\$326.44	\$504.98
D20		SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$504.98	\$1,296.99	\$1,157.86	\$504.98
F20		SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$504.98	\$1,795.84	\$1,656.71	\$504.98
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$504.98	\$614.97	\$475.84	\$504.98
D20		SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$504.98	\$1,595.79	\$1,456.66	\$504.98
F20		SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$504.98	\$2,184.28	\$2,045.15	\$504.98
<b>Western Health Advantage HMO</b>											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$504.98	\$378.94	\$239.81	\$504.98
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$504.98	\$1,123.73	\$984.60	\$504.98
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$504.98	\$1,570.60	\$1,431.47	\$504.98

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