



SACRAMENTO  
2018 MATRIX

0.7812

**CSEA 6.5 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	1	\$703.96	\$114.13	\$25.00	\$843.09	\$547.06	\$296.03	\$156.90	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$547.06	\$999.99	\$860.86	\$547.06
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$547.06	\$1,422.37	\$1,283.24	\$547.06
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$547.06	\$398.78	\$259.65	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$547.06	\$1,205.49	\$1,066.36	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$547.06	\$1,689.52	\$1,550.39	\$547.06
<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	\$547.06	\$327.45	\$188.32	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$547.06	\$1,062.83	\$923.70	\$547.06
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$547.06	\$1,504.06	\$1,364.93	\$547.06
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$547.06	\$276.97	\$137.84	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$547.06	\$961.87	\$822.74	\$547.06
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$547.06	\$1,372.81	\$1,233.68	\$547.06
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$547.06	\$389.68	\$250.55	\$547.06
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$547.06	\$1,187.29	\$1,048.16	\$547.06
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$547.06	\$1,665.86	\$1,526.73	\$547.06

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	ER
									Health Cost	Health Cost
<b>Anthem HMO Select</b>										
AHS1 E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$547.06	\$534.36	\$395.23	\$547.06
D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$547.06	\$1,476.65	\$1,337.52	\$547.06
F20	SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$547.06	\$2,042.02	\$1,902.89	\$547.06
<b>Anthem HMO Traditional</b>										
AHT1 E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$547.06	\$646.69	\$507.56	\$547.06
D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$547.06	\$1,701.31	\$1,562.18	\$547.06
F20	SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$547.06	\$2,334.08	\$2,194.95	\$547.06
<b>United HealthCare HMO PLAN</b>										
UN01 E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$547.06	\$423.49	\$284.36	\$547.06
D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$547.06	\$1,254.91	\$1,115.78	\$547.06
F20	SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$547.06	\$1,753.76	\$1,614.63	\$547.06
<b>HealthNet SmartCare HMO PLAN</b>										
HN01 E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$547.06	\$572.89	\$433.76	\$547.06
D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$547.06	\$1,553.71	\$1,414.58	\$547.06
F20	SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$547.06	\$2,142.20	\$2,003.07	\$547.06
<b>Western Health Advantage HMO</b>										
Western Health Advantage	SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$547.06	\$336.86	\$197.73	\$547.06
	SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$547.06	\$1,081.65	\$942.52	\$547.06
	SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$547.06	\$1,528.52	\$1,389.39	\$547.06

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