



**SACRAMENTO
2018 MATRIX**

0.8437

CSEA 7 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	\$589.14	\$253.95	\$114.82	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$589.14	\$957.91	\$818.78	\$589.14
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$589.14	\$1,380.29	\$1,241.16	\$589.14
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$589.14	\$356.70	\$217.57	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$589.14	\$1,163.41	\$1,024.28	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$589.14	\$1,647.44	\$1,508.31	\$589.14
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$735.38	\$114.13	\$25.00	\$874.51	\$589.14	\$285.37	\$146.24	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$589.14	\$1,020.75	\$881.62	\$589.14
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$589.14	\$1,461.98	\$1,322.85	\$589.14
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$589.14	\$234.89	\$95.76	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$589.14	\$919.79	\$780.66	\$589.14
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$589.14	\$1,330.73	\$1,191.60	\$589.14
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$589.14	\$347.60	\$208.47	\$589.14
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$589.14	\$1,145.21	\$1,006.08	\$589.14
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$589.14	\$1,623.78	\$1,484.65	\$589.14

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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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	PAYROLL USE ONLY	
									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	\$589.14	\$492.28	\$353.15	\$589.14
D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$589.14	\$1,434.57	\$1,295.44	\$589.14
F20	SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$589.14	\$1,999.94	\$1,860.81	\$589.14
Anthem HMO Traditional										
AHT1 E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$589.14	\$604.61	\$465.48	\$589.14
D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$589.14	\$1,659.23	\$1,520.10	\$589.14
F20	SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$589.14	\$2,292.00	\$2,152.87	\$589.14
United HealthCare HMO PLAN										
UN01 E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$589.14	\$381.41	\$242.28	\$589.14
D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$589.14	\$1,212.83	\$1,073.70	\$589.14
F20	SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$589.14	\$1,711.68	\$1,572.55	\$589.14
HealthNet SmartCare HMO PLAN										
HN01 E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$589.14	\$530.81	\$391.68	\$589.14
D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$589.14	\$1,511.63	\$1,372.50	\$589.14
F20	SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$589.14	\$2,100.12	\$1,960.99	\$589.14
Western Health Advantage HMO										
Western Health Advantage	SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$589.14	\$294.78	\$155.65	\$589.14
	SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$589.14	\$1,039.57	\$900.44	\$589.14
	SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$589.14	\$1,486.44	\$1,347.31	\$589.14

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