



**SACRAMENTO  
2018 MATRIX**

0.9062

**CSEA 7.5 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	\$631.22	\$211.87	\$72.74	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,407.92	\$114.13	\$25.00	\$1,547.05	\$631.22	\$915.83	\$776.70	\$631.22
	F20	SELF + DEPENDENTS	3	\$1,830.30	\$114.13	\$25.00	\$1,969.43	\$631.22	\$1,338.21	\$1,199.08	\$631.22
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$806.71	\$114.13	\$25.00	\$945.84	\$631.22	\$314.62	\$175.49	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,613.42	\$114.13	\$25.00	\$1,752.55	\$631.22	\$1,121.33	\$982.20	\$631.22
	F20	SELF + DEPENDENTS	3	\$2,097.45	\$114.13	\$25.00	\$2,236.58	\$631.22	\$1,605.36	\$1,466.23	\$631.22
<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	\$631.22	\$243.29	\$104.16	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,470.76	\$114.13	\$25.00	\$1,609.89	\$631.22	\$978.67	\$839.54	\$631.22
	F20	SELF + DEPENDENTS	3	\$1,911.99	\$114.13	\$25.00	\$2,051.12	\$631.22	\$1,419.90	\$1,280.77	\$631.22
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$684.90	\$114.13	\$25.00	\$824.03	\$631.22	\$192.81	\$53.68	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,369.80	\$114.13	\$25.00	\$1,508.93	\$631.22	\$877.71	\$738.58	\$631.22
	F20	SELF + DEPENDENTS	3	\$1,780.74	\$114.13	\$25.00	\$1,919.87	\$631.22	\$1,288.65	\$1,149.52	\$631.22
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$797.61	\$114.13	\$25.00	\$936.74	\$631.22	\$305.52	\$166.39	\$631.22
	D20	SELF + 1 DEPENDENT	2	\$1,595.22	\$114.13	\$25.00	\$1,734.35	\$631.22	\$1,103.13	\$964.00	\$631.22
	F20	SELF + DEPENDENTS	3	\$2,073.79	\$114.13	\$25.00	\$2,212.92	\$631.22	\$1,581.70	\$1,442.57	\$631.22

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.

**SACRAMENTO  
2018 MATRIX**



**CSEA 7.5 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	ER	
									Health Cost	Health Cost	
<i>eff 1-1-15</i>											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$114.13	\$25.00	\$1,081.42	\$631.22	\$450.20	\$311.07	\$631.22
D20		SELF + 1 DEPENDENT	2	\$1,884.58	\$114.13	\$25.00	\$2,023.71	\$631.22	\$1,392.49	\$1,253.36	\$631.22
F20		SELF + DEPENDENTS	3	\$2,449.95	\$114.13	\$25.00	\$2,589.08	\$631.22	\$1,957.86	\$1,818.73	\$631.22
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$114.13	\$25.00	\$1,193.75	\$631.22	\$562.53	\$423.40	\$631.22
D20		SELF + 1 DEPENDENT	2	\$2,109.24	\$114.13	\$25.00	\$2,248.37	\$631.22	\$1,617.15	\$1,478.02	\$631.22
F20		SELF + DEPENDENTS	3	\$2,742.01	\$114.13	\$25.00	\$2,881.14	\$631.22	\$2,249.92	\$2,110.79	\$631.22
<b>United HealthCare</b>											
<b>HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$114.13	\$25.00	\$970.55	\$631.22	\$339.33	\$200.20	\$631.22
D20		SELF + 1 DEPENDENT	2	\$1,662.84	\$114.13	\$25.00	\$1,801.97	\$631.22	\$1,170.75	\$1,031.62	\$631.22
F20		SELF + DEPENDENTS	3	\$2,161.69	\$114.13	\$25.00	\$2,300.82	\$631.22	\$1,669.60	\$1,530.47	\$631.22
<b>HealthNet SmartCare</b>											
<b>HMO PLAN</b>											
HN01	E20	SELF	1	\$980.82	\$114.13	\$25.00	\$1,119.95	\$631.22	\$488.73	\$349.60	\$631.22
D20		SELF + 1 DEPENDENT	2	\$1,961.64	\$114.13	\$25.00	\$2,100.77	\$631.22	\$1,469.55	\$1,330.42	\$631.22
F20		SELF + DEPENDENTS	3	\$2,550.13	\$114.13	\$25.00	\$2,689.26	\$631.22	\$2,058.04	\$1,918.91	\$631.22
<b>Western Health Advantage</b>											
<b>HMO</b>											
		SELF	1	\$744.79	\$114.13	\$25.00	\$883.92	\$631.22	\$252.70	\$113.57	\$631.22
		SELF + 1 DEPENDENT	2	\$1,489.58	\$114.13	\$25.00	\$1,628.71	\$631.22	\$997.49	\$858.36	\$631.22
		SELF + DEPENDENTS	3	\$1,936.45	\$114.13	\$25.00	\$2,075.58	\$631.22	\$1,444.36	\$1,305.23	\$631.22

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