

**SACRAMENTO
2018 MATRIX**

0.9687



CSEA 8 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

1

| MEDICAL PROVIDER | | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | EE Health Cost | ER Health Cost |
|-------------------------------------|-----|--------------------|-------|------------|------------|---------|----------------|--------------|-------------------------|----------------|----------------|
| | | | | *MANDATORY | *MANDATORY | | | | | | |
| | | | | eff 1-1-15 | eff 1-1-15 | | | | | | |
| 22 4030 | | | | | | | | | | | |
| KAISER | | HMO | | | | | | | | | |
| KP01 | E20 | SELF | 1 | \$703.96 | \$114.13 | \$25.00 | \$843.09 | \$673.30 | \$169.79 | \$30.66 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,407.92 | \$114.13 | \$25.00 | \$1,547.05 | \$673.30 | \$873.75 | \$734.62 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$1,830.30 | \$114.13 | \$25.00 | \$1,969.43 | \$673.30 | \$1,296.13 | \$1,157.00 | \$673.30 |
| 32 4010 | | | | | | | | | | | |
| BLUE SHIELD ACCESS | | HMO | | | | | | | | | |
| BA01 | E20 | SELF | 1 | \$806.71 | \$114.13 | \$25.00 | \$945.84 | \$673.30 | \$272.54 | \$133.41 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,613.42 | \$114.13 | \$25.00 | \$1,752.55 | \$673.30 | \$1,079.25 | \$940.12 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,097.45 | \$114.13 | \$25.00 | \$2,236.58 | \$673.30 | \$1,563.28 | \$1,424.15 | \$673.30 |
| 41 4040 | | | | | | | | | | | |
| Athem Blue Cross-PERS CHOICE | | PPO 80/20 | | | | | | | | | |
| CH01 | E20 | SELF | 1 | \$735.38 | \$114.13 | \$25.00 | \$874.51 | \$673.30 | \$201.21 | \$62.08 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,470.76 | \$114.13 | \$25.00 | \$1,609.89 | \$673.30 | \$936.59 | \$797.46 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$1,911.99 | \$114.13 | \$25.00 | \$2,051.12 | \$673.30 | \$1,377.82 | \$1,238.69 | \$673.30 |
| 42 4050 | | | | | | | | | | | |
| PERS SELECT | | PPO 80/20 | | | | | | | | | |
| SE01 | E20 | SELF | 1 | \$684.90 | \$114.13 | \$25.00 | \$824.03 | \$673.30 | \$150.73 | \$11.60 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,369.80 | \$114.13 | \$25.00 | \$1,508.93 | \$673.30 | \$835.63 | \$696.50 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$1,780.74 | \$114.13 | \$25.00 | \$1,919.87 | \$673.30 | \$1,246.57 | \$1,107.44 | \$673.30 |
| 43 4060 | | | | | | | | | | | |
| PERS CARE | | PPO 90/10 | | | | | | | | | |
| CA01 | E20 | SELF | 1 | \$797.61 | \$114.13 | \$25.00 | \$936.74 | \$673.30 | \$263.44 | \$124.31 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,595.22 | \$114.13 | \$25.00 | \$1,734.35 | \$673.30 | \$1,061.05 | \$921.92 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,073.79 | \$114.13 | \$25.00 | \$2,212.92 | \$673.30 | \$1,539.62 | \$1,400.49 | \$673.30 |

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**



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| MEDICAL PROVIDER | | PLAN | TIERS | MEDICAL | DENTAL *MANDATORY eff 1-1-15 | VISION *MANDATORY 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 | \$673.30 | \$408.12 | \$268.99 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,884.58 | \$114.13 | \$25.00 | \$2,023.71 | \$673.30 | \$1,350.41 | \$1,211.28 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,449.95 | \$114.13 | \$25.00 | \$2,589.08 | \$673.30 | \$1,915.78 | \$1,776.65 | \$673.30 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,054.62 | \$114.13 | \$25.00 | \$1,193.75 | \$673.30 | \$520.45 | \$381.32 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$2,109.24 | \$114.13 | \$25.00 | \$2,248.37 | \$673.30 | \$1,575.07 | \$1,435.94 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,742.01 | \$114.13 | \$25.00 | \$2,881.14 | \$673.30 | \$2,207.84 | \$2,068.71 | \$673.30 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$831.42 | \$114.13 | \$25.00 | \$970.55 | \$673.30 | \$297.25 | \$158.12 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,662.84 | \$114.13 | \$25.00 | \$1,801.97 | \$673.30 | \$1,128.67 | \$989.54 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,161.69 | \$114.13 | \$25.00 | \$2,300.82 | \$673.30 | \$1,627.52 | \$1,488.39 | \$673.30 |
| HealthNet SmartCare HMO PLAN | | | | | | | | | | | |
| HN01 | E20 | SELF | 1 | \$980.82 | \$114.13 | \$25.00 | \$1,119.95 | \$673.30 | \$446.65 | \$307.52 | \$673.30 |
| D20 | | SELF + 1 DEPENDENT | 2 | \$1,961.64 | \$114.13 | \$25.00 | \$2,100.77 | \$673.30 | \$1,427.47 | \$1,288.34 | \$673.30 |
| F20 | | SELF + DEPENDENTS | 3 | \$2,550.13 | \$114.13 | \$25.00 | \$2,689.26 | \$673.30 | \$2,015.96 | \$1,876.83 | \$673.30 |
| Western Health Advantage HMO | | | | | | | | | | | |
| | | SELF | 1 | \$744.79 | \$114.13 | \$25.00 | \$883.92 | \$673.30 | \$210.62 | \$71.49 | \$673.30 |
| | | SELF + 1 DEPENDENT | 2 | \$1,489.58 | \$114.13 | \$25.00 | \$1,628.71 | \$673.30 | \$955.41 | \$816.28 | \$673.30 |
| | | SELF + DEPENDENTS | 3 | \$1,936.45 | \$114.13 | \$25.00 | \$2,075.58 | \$673.30 | \$1,402.28 | \$1,263.15 | \$673.30 |

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- .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