



**SACRAMENTO**

**2018 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"**

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY	*MANDATORY			
	SINGLE	1	\$ 703.96	eff 9-30-17 \$142.37	eff 3-1-15 \$ 25.00	\$ 871.33	\$ -	\$ 871.33
	2-PARTY	2	\$ 1,407.92	\$142.37	\$ 25.00	\$ 1,575.29	\$ -	\$ 1,575.29
	FAMILY	3	\$ 1,830.30	\$142.37	\$ 25.00	\$ 1,997.67	\$ -	\$ 1,997.67
Blue Shield Access+	HMO							
	SINGLE	1	\$ 806.71	\$142.37	\$ 25.00	\$ 974.08	\$ -	\$ 974.08
	2-PARTY	2	\$ 1,613.42	\$142.37	\$ 25.00	\$ 1,780.79	\$ -	\$ 1,780.79
	FAMILY	3	\$ 2,097.45	\$142.37	\$ 25.00	\$ 2,264.82	\$ -	\$ 2,264.82
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 735.38	\$142.37	\$ 25.00	\$ 902.75	\$ -	\$ 902.75
	2-PARTY	2	\$ 1,470.76	\$142.37	\$ 25.00	\$ 1,638.13	\$ -	\$ 1,638.13
	FAMILY	3	\$ 1,911.99	\$142.37	\$ 25.00	\$ 2,079.36	\$ -	\$ 2,079.36
PERS Select	PPO 80/20							
	SINGLE	1	\$ 684.90	\$142.37	\$ 25.00	\$ 852.27	\$ -	\$ 852.27
	2-PARTY	2	\$ 1,369.80	\$142.37	\$ 25.00	\$ 1,537.17	\$ -	\$ 1,537.17
	FAMILY	3	\$ 1,780.74	\$142.37	\$ 25.00	\$ 1,948.11	\$ -	\$ 1,948.11
PERSCare	PPO 90/10							
	SINGLE	1	\$ 797.61	\$142.37	\$ 25.00	\$ 964.98	\$ -	\$ 964.98
	2-PARTY	2	\$ 1,595.22	\$142.37	\$ 25.00	\$ 1,762.59	\$ -	\$ 1,762.59
	FAMILY	3	\$ 2,073.79	\$142.37	\$ 25.00	\$ 2,241.16	\$ -	\$ 2,241.16



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION**	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
<b>Anthem HMO Select</b>									
AHS1	E20	SELF	1	\$ 942.29	\$142.37	\$ 25.00	\$ 1,109.66	\$ -	\$ 1,109.66
	D20	SELF + 1 DEPENDENT	2	\$ 1,884.58	\$142.37	\$ 25.00	\$ 2,051.95	\$ -	\$ 2,051.95
	F20	SELF + DEPENDENTS	3	\$ 2,449.95	\$142.37	\$ 25.00	\$ 2,617.32	\$ -	\$ 2,617.32
<b>Anthem HMO Traditional</b>									
AHT1	E20	SELF	1	\$ 1,054.62	\$142.37	\$ 25.00	\$ 1,221.99	\$ -	\$ 1,221.99
	D20	SELF + 1 DEPENDENT	2	\$ 2,109.24	\$142.37	\$ 25.00	\$ 2,276.61	\$ -	\$ 2,276.61
	F20	SELF + DEPENDENTS	3	\$ 2,742.01	\$142.37	\$ 25.00	\$ 2,909.38	\$ -	\$ 2,909.38
<b>United HealthCare HMO PLAN</b>									
UN01	E20	SELF	1	\$ 831.42	\$142.37	\$ 25.00	\$ 998.79	\$ -	\$ 998.79
	D20	SELF + 1 DEPENDENT	2	\$ 1,662.84	\$142.37	\$ 25.00	\$ 1,830.21	\$ -	\$ 1,830.21
	F20	SELF + DEPENDENTS	3	\$ 2,161.69	\$142.37	\$ 25.00	\$ 2,329.06	\$ -	\$ 2,329.06
<b>Health Net SmartCare</b>									
		SELF	1	\$ 980.82	\$142.37	\$ 25.00	\$ 1,148.19	\$ -	\$ 1,148.19
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$142.37	\$ 25.00	\$ 2,129.01	\$ -	\$ 2,129.01
		SELF + DEPENDENTS	3	\$ 2,550.13	\$142.37	\$ 25.00	\$ 2,717.50	\$ -	\$ 2,717.50
<b>Western Health Advantage</b>									
		SELF	1	\$ 744.79	\$142.37	\$ 25.00	\$ 912.16	\$ -	\$ 912.16
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$ 25.00	\$ 1,656.95	\$ -	\$ 1,656.95
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$ 25.00	\$ 2,103.82	\$ -	\$ 2,103.82

rates are subject to change throughout the year

\*\*revised Vision rates-cvg eff 3/1/15

.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