



**SACRAMENTO  
2018 MATRIX**

**SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.5

									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 9/30/17	eff 1-1-16		revised CAP 4-30-15				
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$333.77	\$535.95	\$370.19	\$333.77
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$415.00	\$1,158.68	\$992.92	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$440.50	\$1,555.56	\$1,389.80	\$440.50
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$333.01	\$639.46	\$473.70	\$333.01
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$415.00	\$1,364.18	\$1,198.42	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$440.50	\$1,822.71	\$1,656.95	\$440.50
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E80	SELF	1	\$735.38	\$140.76	\$25.00	\$901.14	\$327.13	\$574.02	\$408.26	\$327.12
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$415.00	\$1,221.52	\$1,055.76	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$440.50	\$1,637.25	\$1,471.49	\$440.50
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$327.13	\$523.54	\$357.78	\$327.12
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$415.00	\$1,120.56	\$954.80	\$415.00
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$440.50	\$1,506.00	\$1,340.24	\$440.50
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$327.13	\$636.25	\$470.49	\$327.12
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$415.00	\$1,345.98	\$1,180.22	\$415.00
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$440.50	\$1,799.05	\$1,633.29	\$440.50

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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				eff 9/30/17	eff 1-1-16		revised CAP 4-30-15				
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$140.76	\$25.00	\$1,108.05	\$327.13	\$780.93	\$615.17	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$415.00	\$1,635.34	\$1,469.58	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$440.50	\$2,175.21	\$2,009.45	\$440.50
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$327.13	\$893.26	\$727.50	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$415.00	\$1,860.00	\$1,694.24	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$440.50	\$2,467.27	\$2,301.51	\$440.50
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$327.13	\$670.06	\$504.30	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$415.00	\$1,413.60	\$1,247.84	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$440.50	\$1,886.95	\$1,721.19	\$440.50
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$327.13	\$819.46	\$653.70	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$415.00	\$1,712.40	\$1,546.64	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$440.50	\$2,275.39	\$2,109.63	\$440.50
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$327.13	\$583.43	\$417.67	\$327.13
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$415.00	\$1,240.34	\$1,074.58	\$415.00
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$440.50	\$1,661.71	\$1,495.95	\$440.50

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**Basic Premium Rates - SACRAMENTO AREA**  
El Dorado, Placer, Sacramento and Yolo