



**SACRAMENTO  
2018 MATRIX**

**SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.6875

**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
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$458.93	\$410.79	\$245.03	\$458.93
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$570.63	\$1,003.05	\$837.29	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$605.69	\$1,390.37	\$1,224.61	\$605.69
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$457.88	\$514.59	\$348.83	\$457.88
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$570.63	\$1,208.55	\$1,042.79	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$605.69	\$1,657.52	\$1,491.76	\$605.69
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E80	SELF	1	\$735.38	\$140.76	\$25.00	\$901.14	\$449.80	\$451.34	\$285.58	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$570.63	\$1,065.89	\$900.13	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$605.69	\$1,472.06	\$1,306.30	\$605.69
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$449.80	\$400.86	\$235.10	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$570.63	\$964.93	\$799.17	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$605.69	\$1,340.81	\$1,175.05	\$605.69
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$449.80	\$513.57	\$347.81	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$570.63	\$1,190.35	\$1,024.59	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$605.69	\$1,633.86	\$1,468.10	\$605.69

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\*\*



## SACRAMENTO 2018 MATRIX

### SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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 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	\$449.80	\$658.25	\$492.49	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$570.63	\$1,479.71	\$1,313.95	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$605.69	\$2,010.02	\$1,844.26	\$605.69
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$449.80	\$770.58	\$604.82	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$570.63	\$1,704.37	\$1,538.61	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$605.69	\$2,302.08	\$2,136.32	\$605.69
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$449.80	\$547.38	\$381.62	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$570.63	\$1,257.97	\$1,092.21	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$605.69	\$1,721.76	\$1,556.00	\$605.69
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$449.80	\$696.78	\$531.02	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$570.63	\$1,556.77	\$1,391.01	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$605.69	\$2,110.20	\$1,944.44	\$605.69
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$449.80	\$460.75	\$294.99	\$449.80
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$570.63	\$1,084.71	\$918.95	\$570.63
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$605.69	\$1,496.52	\$1,330.76	\$605.69

*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