



**SACRAMENTO
2018 MATRIX**

SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5625

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				
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$375.49	\$494.23	\$328.47	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$466.88	\$1,106.80	\$941.04	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$495.56	\$1,500.50	\$1,334.74	\$495.56
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$374.63	\$597.84	\$432.08	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$466.88	\$1,312.30	\$1,146.54	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$495.56	\$1,767.65	\$1,601.89	\$495.56
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$735.38	\$140.76	\$25.00	\$901.14	\$368.02	\$533.12	\$367.36	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$466.88	\$1,169.64	\$1,003.88	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$495.56	\$1,582.19	\$1,416.43	\$495.56
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$368.02	\$482.64	\$316.88	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$466.88	\$1,068.68	\$902.92	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$495.56	\$1,450.94	\$1,285.18	\$495.56
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$368.02	\$595.35	\$429.59	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$466.88	\$1,294.10	\$1,128.34	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$495.56	\$1,743.99	\$1,578.23	\$495.56

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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									PAYROLL USE ONLY		
MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
				eff 9/30/17	eff 1-1-16	revised CAP 4-30-15					
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$140.76	\$25.00	\$1,108.05	\$368.02	\$740.03	\$574.27	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$466.88	\$1,583.46	\$1,417.70	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$495.56	\$2,120.15	\$1,954.39	\$495.56
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$368.02	\$852.36	\$686.60	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$466.88	\$1,808.12	\$1,642.36	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$495.56	\$2,412.21	\$2,246.45	\$495.56
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$368.02	\$629.16	\$463.40	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$466.88	\$1,361.72	\$1,195.96	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$495.56	\$1,831.89	\$1,666.13	\$495.56
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$368.02	\$778.56	\$612.80	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$466.88	\$1,660.52	\$1,494.76	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$495.56	\$2,220.33	\$2,054.57	\$495.56
Western Health Advantage HMO PLAN											
	SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$368.02	\$542.53	\$376.77	\$368.02	
	SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$466.88	\$1,188.46	\$1,022.70	\$466.88	
	SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$495.56	\$1,606.65	\$1,440.89	\$495.56	

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