



**SACRAMENTO
2018 MATRIX**

SUPV 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

0.625

| | | | | | | | | | 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 | \$417.21 | \$452.51 | \$286.75 \$417.21 |
| | D80 | SELF + 1 DEPENDENT | 2 | \$1,407.92 | \$140.76 | \$25.00 | \$1,573.68 | \$518.75 | \$1,054.93 | \$889.17 \$518.75 |
| | F80 | SELF + DEPENDENTS | 3 | \$1,830.30 | \$140.76 | \$25.00 | \$1,996.06 | \$550.63 | \$1,445.43 | \$1,279.67 \$550.63 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | |
| BA01 | 860 | SELF | 1 | \$806.71 | \$140.76 | \$25.00 | \$972.47 | \$416.26 | \$556.21 | \$390.45 \$416.26 |
| | D80 | SELF + 1 DEPENDENT | 2 | \$1,613.42 | \$140.76 | \$25.00 | \$1,779.18 | \$518.75 | \$1,260.43 | \$1,094.67 \$518.75 |
| | F80 | SELF + DEPENDENTS | 3 | \$2,097.45 | \$140.76 | \$25.00 | \$2,263.21 | \$550.63 | \$1,712.58 | \$1,546.82 \$550.63 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross- PERS CHOICE PPO 80/20 | | | | | | | | | | |
| CH01 | E80 | SELF | 1 | \$735.38 | \$140.76 | \$25.00 | \$901.14 | \$408.91 | \$492.23 | \$326.47 \$408.91 |
| | D80 | SELF + 1 DEPENDENT | 2 | \$1,470.76 | \$140.76 | \$25.00 | \$1,636.52 | \$518.75 | \$1,117.77 | \$952.01 \$518.75 |
| | F80 | SELF + DEPENDENTS | 3 | \$1,911.99 | \$140.76 | \$25.00 | \$2,077.75 | \$550.63 | \$1,527.12 | \$1,361.36 \$550.63 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | |
| SE01 | E80 | SELF | 1 | \$684.90 | \$140.76 | \$25.00 | \$850.66 | \$408.91 | \$441.75 | \$275.99 \$408.91 |
| | D80 | SELF + 1 DEPENDENT | 2 | \$1,369.80 | \$140.76 | \$25.00 | \$1,535.56 | \$518.75 | \$1,016.81 | \$851.05 \$518.75 |
| | F80 | SELF + DEPENDENTS | 3 | \$1,780.74 | \$140.76 | \$25.00 | \$1,946.50 | \$550.63 | \$1,395.87 | \$1,230.11 \$550.63 |
| 43 4060 | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | |
| CA01 | E80 | SELF | 1 | \$797.61 | \$140.76 | \$25.00 | \$963.37 | \$408.91 | \$554.46 | \$388.70 \$408.91 |
| | D80 | SELF + 1 DEPENDENT | 2 | \$1,595.22 | \$140.76 | \$25.00 | \$1,760.98 | \$518.75 | \$1,242.23 | \$1,076.47 \$518.75 |
| | F80 | SELF + DEPENDENTS | 3 | \$2,073.79 | \$140.76 | \$25.00 | \$2,239.55 | \$550.63 | \$1,688.92 | \$1,523.16 \$550.63 |

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 | VISION | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH | EE | ER |
| | | | | eff 9/30/17 | eff 1-1-16 | | | | Health Cost | Health Cost |
| | | | | | | | | | revised CAP 4-30-15 | |
| Anthem HMO Select | | | | | | | | | | |
| AHS1 | E20 | SELF | \$942.29 | \$140.76 | \$25.00 | \$1,108.05 | \$408.91 | \$699.14 | \$533.38 | \$408.91 |
| | D20 | SELF + 1 DEPENDENT | \$1,884.58 | \$140.76 | \$25.00 | \$2,050.34 | \$518.75 | \$1,531.59 | \$1,365.83 | \$518.75 |
| | F20 | SELF + DEPENDENTS | \$2,449.95 | \$140.76 | \$25.00 | \$2,615.71 | \$550.63 | \$2,065.08 | \$1,899.32 | \$550.63 |
| Anthem HMO Traditional | | | | | | | | | | |
| AHT1 | E20 | SELF | \$1,054.62 | \$140.76 | \$25.00 | \$1,220.38 | \$408.91 | \$811.47 | \$645.71 | \$408.91 |
| | D20 | SELF + 1 DEPENDENT | \$2,109.24 | \$140.76 | \$25.00 | \$2,275.00 | \$518.75 | \$1,756.25 | \$1,590.49 | \$518.75 |
| | F20 | SELF + DEPENDENTS | \$2,742.01 | \$140.76 | \$25.00 | \$2,907.77 | \$550.63 | \$2,357.14 | \$2,191.38 | \$550.63 |
| United HealthCare HMO PLAN | | | | | | | | | | |
| UN01 | E20 | SELF | \$831.42 | \$140.76 | \$25.00 | \$997.18 | \$408.91 | \$588.27 | \$422.51 | \$408.91 |
| | D20 | SELF + 1 DEPENDENT | \$1,662.84 | \$140.76 | \$25.00 | \$1,828.60 | \$518.75 | \$1,309.85 | \$1,144.09 | \$518.75 |
| | F20 | SELF + DEPENDENTS | \$2,161.69 | \$140.76 | \$25.00 | \$2,327.45 | \$550.63 | \$1,776.82 | \$1,611.06 | \$550.63 |
| HealthNet SmartCare HMO PLAN | | | | | | | | | | |
| HN01 | E20 | SELF | \$980.82 | \$140.76 | \$25.00 | \$1,146.58 | \$408.91 | \$737.67 | \$571.91 | \$408.91 |
| | D20 | SELF + 1 DEPENDENT | \$1,961.64 | \$140.76 | \$25.00 | \$2,127.40 | \$518.75 | \$1,608.65 | \$1,442.89 | \$518.75 |
| | F20 | SELF + DEPENDENTS | \$2,550.13 | \$140.76 | \$25.00 | \$2,715.89 | \$550.63 | \$2,165.26 | \$1,999.50 | \$550.63 |
| Western Health Advantage HMO PLAN | | | | | | | | | | |
| | | SELF | \$744.79 | \$140.76 | \$25.00 | \$910.55 | \$408.91 | \$501.64 | \$335.88 | \$408.91 |
| | | SELF + 1 DEPENDENT | \$1,489.58 | \$140.76 | \$25.00 | \$1,655.34 | \$518.75 | \$1,136.59 | \$970.83 | \$518.75 |
| | | SELF + DEPENDENTS | \$1,936.45 | \$140.76 | \$25.00 | \$2,102.21 | \$550.63 | \$1,551.58 | \$1,385.82 | \$550.63 |

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