



**SACRAMENTO
2018 MATRIX**

SUPV 7 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.875

**PAYROLL USE
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
22 4030											
KAISER		HMO									
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$584.09	\$285.63	\$119.87	\$584.09
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$726.25	\$847.43	\$681.67	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$770.88	\$1,225.18	\$1,059.42	\$770.88
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$582.76	\$389.71	\$223.95	\$582.76
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$726.25	\$1,052.93	\$887.17	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$770.88	\$1,492.33	\$1,326.57	\$770.88
41 4040											
Athem Blue Cross- PERS CHOICE		PPO 80/20									
CH01	E80	SELF	1	\$735.38	\$140.76	\$25.00	\$901.14	\$572.47	\$328.67	\$162.91	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$726.25	\$910.27	\$744.51	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$770.88	\$1,306.87	\$1,141.11	\$770.88
42 4050											
PERS SELECT		PPO 80/20									
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$572.47	\$278.19	\$112.43	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$726.25	\$809.31	\$643.55	\$726.25
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$770.88	\$1,175.62	\$1,009.86	\$770.88
43 4060											
PERS CARE		PPO 90/10									
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$572.47	\$390.90	\$225.14	\$572.47
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$726.25	\$1,034.73	\$868.97	\$726.25
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$770.88	\$1,468.67	\$1,302.91	\$770.88

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 Health Cost	ER Health Cost	
											eff 9/30/17
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$140.76	\$25.00	\$1,108.05	\$572.47	\$535.58	\$369.82	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$726.25	\$1,324.09	\$1,158.33	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$770.88	\$1,844.83	\$1,679.07	\$770.88
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$572.47	\$647.91	\$482.15	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$726.25	\$1,548.75	\$1,382.99	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$770.88	\$2,136.89	\$1,971.13	\$770.88
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$572.47	\$424.71	\$258.95	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$726.25	\$1,102.35	\$936.59	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$770.88	\$1,556.57	\$1,390.81	\$770.88
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$572.47	\$574.11	\$408.35	\$572.47
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$726.25	\$1,401.15	\$1,235.39	\$726.25
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$770.88	\$1,945.01	\$1,779.25	\$770.88
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$572.47	\$338.08	\$172.32	\$572.47
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$726.25	\$929.09	\$763.33	\$726.25
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$770.88	\$1,331.33	\$1,165.57	\$770.88

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