



**SACRAMENTO  
2018 MATRIX**

**SUPV 6 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.75

									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 HMO</b>											
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$500.65	\$369.07	\$203.31	\$500.65
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$622.50	\$951.18	\$785.42	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$660.75	\$1,335.31	\$1,169.55	\$660.75
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$499.51	\$472.96	\$307.20	\$499.51
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$622.50	\$1,156.68	\$990.92	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$660.75	\$1,602.46	\$1,436.70	\$660.75
<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	\$490.69	\$410.45	\$244.69	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$622.50	\$1,014.02	\$848.26	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$660.75	\$1,417.00	\$1,251.24	\$660.75
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$490.69	\$359.97	\$194.21	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$622.50	\$913.06	\$747.30	\$622.50
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$660.75	\$1,285.75	\$1,119.99	\$660.75
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$490.69	\$472.68	\$306.92	\$490.69
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$622.50	\$1,138.48	\$972.72	\$622.50
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$660.75	\$1,578.80	\$1,413.04	\$660.75

*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 6 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	ER	
				eff 9/30/17	eff 1-1-16				Health Cost	Health Cost	
									Revised CAP 4-30-15		
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$140.76	\$25.00	\$1,108.05	\$490.69	\$617.36	\$451.60	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$622.50	\$1,427.84	\$1,262.08	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$660.75	\$1,954.96	\$1,789.20	\$660.75
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$490.69	\$729.69	\$563.93	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$622.50	\$1,652.50	\$1,486.74	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$660.75	\$2,247.02	\$2,081.26	\$660.75
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$490.69	\$506.49	\$340.73	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$622.50	\$1,206.10	\$1,040.34	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$660.75	\$1,666.70	\$1,500.94	\$660.75
<b>HealthNet SmartCare HMO PLAN</b>											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$490.69	\$655.89	\$490.13	\$490.69
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$622.50	\$1,504.90	\$1,339.14	\$622.50
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$660.75	\$2,055.14	\$1,889.38	\$660.75
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$490.69	\$419.86	\$254.10	\$490.69
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$622.50	\$1,032.84	\$867.08	\$622.50
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$660.75	\$1,441.46	\$1,275.70	\$660.75

*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