



**SACRAMENTO
2018 MATRIX**

SUPV 7.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.9375

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	\$703.96	\$140.76	\$25.00	\$869.72	\$625.81	\$243.91	\$78.15	\$625.81
	D80	SELF + 1 DEPENDENT	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$778.13	\$795.55	\$629.79	\$778.13
	F80	SELF + DEPENDENTS	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$825.94	\$1,170.12	\$1,004.36	\$825.94
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$806.71	\$140.76	\$25.00	\$972.47	\$624.38	\$348.09	\$182.33	\$624.38
	D80	SELF + 1 DEPENDENT	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$778.13	\$1,001.05	\$835.29	\$778.13
	F80	SELF + DEPENDENTS	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$825.94	\$1,437.27	\$1,271.51	\$825.94
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$735.38	\$140.76	\$25.00	\$901.14	\$613.36	\$287.78	\$122.02	\$613.36
	D80	SELF + 1 DEPENDENT	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$778.13	\$858.39	\$692.63	\$778.13
	F80	SELF + DEPENDENTS	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$825.94	\$1,251.81	\$1,086.05	\$825.94
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$684.90	\$140.76	\$25.00	\$850.66	\$613.36	\$237.30	\$71.54	\$613.36
	D80	SELF + 1 DEPENDENT	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$778.13	\$757.43	\$591.67	\$778.13
	F80	SELF + DEPENDENTS	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$825.94	\$1,120.56	\$954.80	\$825.94
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$797.61	\$140.76	\$25.00	\$963.37	\$613.36	\$350.01	\$184.25	\$613.36
	D80	SELF + 1 DEPENDENT	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$778.13	\$982.85	\$817.09	\$778.13
	F80	SELF + DEPENDENTS	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$825.94	\$1,413.61	\$1,247.85	\$825.94

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	\$613.36	\$494.69	\$328.93	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$778.13	\$1,272.21	\$1,106.45	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$825.94	\$1,789.77	\$1,624.01	\$825.94
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$613.36	\$607.02	\$441.26	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$778.13	\$1,496.87	\$1,331.11	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$825.94	\$2,081.83	\$1,916.07	\$825.94
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$613.36	\$383.82	\$218.06	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$778.13	\$1,050.47	\$884.71	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$825.94	\$1,501.51	\$1,335.75	\$825.94
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$613.36	\$533.22	\$367.46	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$778.13	\$1,349.27	\$1,183.51	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$825.94	\$1,889.95	\$1,724.19	\$825.94
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$613.36	\$297.19	\$131.43	\$613.36
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$778.13	\$877.21	\$711.45	\$778.13
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$825.94	\$1,276.27	\$1,110.51	\$825.94

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Basic Premium Rates - SACRAMENTO AREA

El Dorado, Placer, Sacramento and Yolo