



**SACRAMENTO
2018 MATRIX**

SUPV 8 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 Health Cost	ER Health Cost	
				*MANDATORY	*MANDATORY	Revised CAP 4-30-15					
22 4030				eff 9/30/2017	eff 1-1-16						
KAISER HMO											
KP01	E80	SELF	1	\$703.96	\$140.76	\$25.00	\$869.72	\$667.53	\$202.19	\$36.43	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$830.00	\$743.68	\$577.92	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$881.00	\$1,115.06	\$949.30	\$881.00
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$806.71	\$140.76	\$25.00	\$972.47	\$666.01	\$306.46	\$140.70	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$830.00	\$949.18	\$783.42	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$881.00	\$1,382.21	\$1,216.45	\$881.00
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E80	SELF	1	\$735.38	\$140.76	\$25.00	\$901.14	\$654.25	\$246.89	\$81.13	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$830.00	\$806.52	\$640.76	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$881.00	\$1,196.75	\$1,030.99	\$881.00
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$684.90	\$140.76	\$25.00	\$850.66	\$654.25	\$196.41	\$30.65	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$830.00	\$705.56	\$539.80	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$881.00	\$1,065.50	\$899.74	\$881.00
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$797.61	\$140.76	\$25.00	\$963.37	\$654.25	\$309.12	\$143.36	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$830.00	\$930.98	\$765.22	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$881.00	\$1,358.55	\$1,192.79	\$881.00

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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				*MANDATORY eff 9/30/2017	*MANDATORY 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	\$654.25	\$453.80	\$288.04	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$830.00	\$1,220.34	\$1,054.58	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$881.00	\$1,734.71	\$1,568.95	\$881.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$654.25	\$566.13	\$400.37	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$830.00	\$1,445.00	\$1,279.24	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$881.00	\$2,026.77	\$1,861.01	\$881.00
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$654.25	\$342.93	\$177.17	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$830.00	\$998.60	\$832.84	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$881.00	\$1,446.45	\$1,280.69	\$881.00
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$654.25	\$492.33	\$326.57	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$830.00	\$1,297.40	\$1,131.64	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$881.00	\$1,834.89	\$1,669.13	\$881.00
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$654.25	\$256.30	\$90.54	\$654.25
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$830.00	\$825.34	\$659.58	\$830.00
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$881.00	\$1,221.21	\$1,055.45	\$881.00

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- .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