



**SACRAMENTO
2018 MATRIX**

SUPV 6.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.8125

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	\$542.37	\$327.35	\$161.59	\$542.37
	D80	SELF + 1 DEPENDENT	\$1,407.92	\$140.76	\$25.00	\$1,573.68	\$674.38	\$899.30	\$733.54	\$674.38
	F80	SELF + DEPENDENTS	\$1,830.30	\$140.76	\$25.00	\$1,996.06	\$715.81	\$1,280.25	\$1,114.49	\$715.81
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$806.71	\$140.76	\$25.00	\$972.47	\$470.45	\$502.02	\$336.26	\$470.45
	D80	SELF + 1 DEPENDENT	\$1,613.42	\$140.76	\$25.00	\$1,779.18	\$674.38	\$1,104.80	\$939.04	\$674.38
	F80	SELF + DEPENDENTS	\$2,097.45	\$140.76	\$25.00	\$2,263.21	\$715.81	\$1,547.40	\$1,381.64	\$715.81
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$735.38	\$140.76	\$25.00	\$901.14	\$531.58	\$369.56	\$203.80	\$531.58
	D80	SELF + 1 DEPENDENT	\$1,470.76	\$140.76	\$25.00	\$1,636.52	\$674.38	\$962.14	\$796.38	\$674.38
	F80	SELF + DEPENDENTS	\$1,911.99	\$140.76	\$25.00	\$2,077.75	\$715.81	\$1,361.94	\$1,196.18	\$715.81
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$684.90	\$140.76	\$25.00	\$850.66	\$531.58	\$319.08	\$153.32	\$531.58
	D80	SELF + 1 DEPENDENT	\$1,369.80	\$140.76	\$25.00	\$1,535.56	\$674.38	\$861.18	\$695.42	\$674.38
	F80	SELF + DEPENDENTS	\$1,780.74	\$140.76	\$25.00	\$1,946.50	\$715.81	\$1,230.69	\$1,064.93	\$715.81
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$797.61	\$140.76	\$25.00	\$963.37	\$531.58	\$431.79	\$266.03	\$531.58
	D80	SELF + 1 DEPENDENT	\$1,595.22	\$140.76	\$25.00	\$1,760.98	\$674.38	\$1,086.60	\$920.84	\$674.38
	F80	SELF + DEPENDENTS	\$2,073.79	\$140.76	\$25.00	\$2,239.55	\$715.81	\$1,523.74	\$1,357.98	\$715.81

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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				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	\$531.58	\$576.47	\$410.71	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$140.76	\$25.00	\$2,050.34	\$674.38	\$1,375.96	\$1,210.20	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$140.76	\$25.00	\$2,615.71	\$715.81	\$1,899.90	\$1,734.14	\$715.81
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$140.76	\$25.00	\$1,220.38	\$531.58	\$688.80	\$523.04	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$140.76	\$25.00	\$2,275.00	\$674.38	\$1,600.62	\$1,434.86	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$140.76	\$25.00	\$2,907.77	\$715.81	\$2,191.96	\$2,026.20	\$715.81
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$140.76	\$25.00	\$997.18	\$531.58	\$465.60	\$299.84	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$140.76	\$25.00	\$1,828.60	\$674.38	\$1,154.22	\$988.46	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$140.76	\$25.00	\$2,327.45	\$715.81	\$1,611.64	\$1,445.88	\$715.81
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	\$980.82	\$140.76	\$25.00	\$1,146.58	\$531.58	\$615.00	\$449.24	\$531.58
	D20	SELF + 1 DEPENDENT	2	\$1,961.64	\$140.76	\$25.00	\$2,127.40	\$674.38	\$1,453.02	\$1,287.26	\$674.38
	F20	SELF + DEPENDENTS	3	\$2,550.13	\$140.76	\$25.00	\$2,715.89	\$715.81	\$2,000.08	\$1,834.32	\$715.81
Western Health Advantage HMO PLAN											
		SELF	1	\$744.79	\$140.76	\$25.00	\$910.55	\$531.58	\$378.97	\$213.21	\$531.58
		SELF + 1 DEPENDENT	2	\$1,489.58	\$140.76	\$25.00	\$1,655.34	\$674.38	\$980.96	\$815.20	\$674.38
		SELF + DEPENDENTS	3	\$1,936.45	\$140.76	\$25.00	\$2,102.21	\$715.81	\$1,386.40	\$1,220.64	\$715.81

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Basic Premium Rates - SACRAMENTO AREA

El Dorado, Placer, Sacramento and Yolo