



**SACRAMENTO
2019 MATRIX**

0.8437

CSEA 7 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

										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 1-1-15	eff 1-1-15						
22 4030											
KAISER HMO											
KP01	E20	SELF	1	\$687.99	\$114.13	\$25.00	\$827.12	\$589.16	\$237.96	\$98.83	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$589.16	\$925.95	\$786.82	\$589.16
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$589.16	\$1,338.74	\$1,199.61	\$589.16
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$589.16	\$430.98	\$291.85	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$589.16	\$1,311.99	\$1,172.86	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$589.16	\$1,840.60	\$1,701.47	\$589.16
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$589.16	\$348.55	\$209.42	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$589.16	\$1,147.13	\$1,008.00	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$589.16	\$1,626.28	\$1,487.15	\$589.16
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$589.16	\$58.65	\$0.00	\$508.68
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$589.16	\$567.33	\$428.20	\$589.16
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$589.16	\$872.54	\$733.41	\$589.16
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$589.16	\$577.96	\$438.83	\$589.16
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$589.16	\$1,605.95	\$1,466.82	\$589.16
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$589.16	\$2,222.74	\$2,083.61	\$589.16

rates are subject to change throughout the year

- * Dental and Vision plans require 100% participation for full -time employees.
- # Waiving medical coverage requires completing an ENROLLMENT form.
- **District contributions are subject to change due to on-going bargaining group negotiations.

**SACRAMENTO
2019 MATRIX**

0.8437



CSEA 7 HOUR EMPLOYEES WITH 2018 CAP

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

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 1-1-15	eff 1-1-15					
Anthem HMO Select										
AHS1 E20	SELF	1	\$946.14	\$114.13	\$25.00	\$1,085.27	\$589.16	\$496.11	\$356.98	\$589.16
D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$589.16	\$1,442.25	\$1,303.12	\$589.16
F20	SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$589.16	\$2,009.93	\$1,870.80	\$589.16
Anthem HMO Traditional										
AHT1 E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$589.16	\$728.76	\$589.63	\$589.16
D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$589.16	\$1,907.55	\$1,768.42	\$589.16
F20	SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$589.16	\$2,614.82	\$2,475.69	\$589.16
United HealthCare HMO PLAN										
UN01 E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$589.16	\$478.82	\$339.69	\$589.16
D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$589.16	\$1,407.67	\$1,268.54	\$589.16
F20	SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$589.16	\$1,964.98	\$1,825.85	\$589.16
HealthNet SmartCare HMO PLAN										
HN01 E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Western Health Advantage HMO										
Western Health Advantage	SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$589.16	\$246.65	\$107.52	\$589.16
	SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$589.16	\$943.33	\$804.20	\$589.16
	SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$589.16	\$1,361.34	\$1,222.21	\$589.16

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

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information