



**SACRAMENTO
2019 MATRIX**

CSEA 4.5 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	\$378.75	\$448.37	\$309.24	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$378.75	\$1,136.36	\$997.23	\$378.75
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$378.75	\$1,549.15	\$1,410.02	\$378.75
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$378.75	\$641.39	\$502.26	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$378.75	\$1,522.40	\$1,383.27	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$378.75	\$2,051.01	\$1,911.88	\$378.75
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$378.75	\$558.96	\$419.83	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$378.75	\$1,357.54	\$1,218.41	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$378.75	\$1,836.69	\$1,697.56	\$378.75
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$378.75	\$269.06	\$129.93	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$378.75	\$777.74	\$638.61	\$378.75
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$378.75	\$1,082.95	\$943.82	\$378.75
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$378.75	\$788.37	\$649.24	\$378.75
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$378.75	\$1,816.36	\$1,677.23	\$378.75
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$378.75	\$2,433.15	\$2,294.02	\$378.75

rates are subject to change throughout the year

* Dental and Vision plans require 100% participation for full -time employees.

Waiving medical coverage requires completing an ENROLLMENT form.

**District contributions are subject to change due to on-going bargaining group negotiations.



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2019 MATRIX**

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**PAYROLL USE
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									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	\$378.75	\$706.52	\$567.39	\$378.75
D20		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$378.75	\$1,652.66	\$1,513.53	\$378.75
F20		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$378.75	\$2,220.34	\$2,081.21	\$378.75
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$378.75	\$939.17	\$800.04	\$378.75
D20		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$378.75	\$2,117.96	\$1,978.83	\$378.75
F20		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$378.75	\$2,825.23	\$2,686.10	\$378.75
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$378.75	\$689.23	\$550.10	\$378.75
D20		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$378.75	\$1,618.08	\$1,478.95	\$378.75
F20		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$378.75	\$2,175.39	\$2,036.26	\$378.75
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	\$378.75	\$457.06	\$317.93	\$378.75
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$378.75	\$1,153.74	\$1,014.61	\$378.75
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$378.75	\$1,571.75	\$1,432.62	\$378.75

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

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