



**SACRAMENTO
2019 MATRIX**

CSEA 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	\$687.99	\$114.13	\$25.00	\$827.12	\$420.83	\$406.29	\$267.16	\$420.83
	D20	SELF + 1 DEPENDENT	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$420.83	\$1,094.28	\$955.15	\$420.83
	F20	SELF + DEPENDENTS	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$420.83	\$1,507.07	\$1,367.94	\$420.83
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	E20	SELF	\$881.01	\$114.13	\$25.00	\$1,020.14	\$420.83	\$599.31	\$460.18	\$420.83
	D20	SELF + 1 DEPENDENT	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$420.83	\$1,480.32	\$1,341.19	\$420.83
	F20	SELF + DEPENDENTS	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$420.83	\$2,008.93	\$1,869.80	\$420.83
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E20	SELF	\$798.58	\$114.13	\$25.00	\$937.71	\$420.83	\$516.88	\$377.75	\$420.83
	D20	SELF + 1 DEPENDENT	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$420.83	\$1,315.46	\$1,176.33	\$420.83
	F20	SELF + DEPENDENTS	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$420.83	\$1,794.61	\$1,655.48	\$420.83
42 4050										
PERS SELECT PPO 80/20										
SE01	E20	SELF	\$508.68	\$114.13	\$25.00	\$647.81	\$420.83	\$226.98	\$87.85	\$420.83
	D20	SELF + 1 DEPENDENT	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$420.83	\$735.66	\$596.53	\$420.83
	F20	SELF + DEPENDENTS	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$420.83	\$1,040.87	\$901.74	\$420.83
43 4060										
PERS CARE PPO 90/10										
CA01	E20	SELF	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$420.83	\$746.29	\$607.16	\$420.83
	D20	SELF + 1 DEPENDENT	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$420.83	\$1,774.28	\$1,635.15	\$420.83
	F20	SELF + DEPENDENTS	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$420.83	\$2,391.07	\$2,251.94	\$420.83

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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									PAYROLL USE ONLY	
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				eff 1-1-15	eff 1-1-15					
Anthem HMO Select										
AHS1 E20	SELF	1	\$946.14	\$114.13	\$25.00	\$1,085.27	\$420.83	\$664.44	\$525.31	\$420.83
D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$420.83	\$1,610.58	\$1,471.45	\$420.83
F20	SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$420.83	\$2,178.26	\$2,039.13	\$420.83
Anthem HMO Traditional										
AHT1 E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$420.83	\$897.09	\$757.96	\$420.83
D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$420.83	\$2,075.88	\$1,936.75	\$420.83
F20	SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$420.83	\$2,783.15	\$2,644.02	\$420.83
United HealthCare HMO PLAN										
UN01 E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$420.83	\$647.15	\$508.02	\$420.83
D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$420.83	\$1,576.00	\$1,436.87	\$420.83
F20	SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$420.83	\$2,133.31	\$1,994.18	\$420.83
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										
	SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$420.83	\$414.98	\$275.85	\$420.83
	SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$420.83	\$1,111.66	\$972.53	\$420.83
	SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$420.83	\$1,529.67	\$1,390.54	\$420.83

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