



**SACRAMENTO  
2019 MATRIX**

**CSEA 5.5 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 eff 1-1-15	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E20	SELF	1	\$687.99	\$114.13	\$25.00	\$827.12	\$462.91	\$364.21	\$225.08	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$462.91	\$1,052.20	\$913.07	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$462.91	\$1,464.99	\$1,325.86	\$462.91
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$462.91	\$557.23	\$418.10	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$462.91	\$1,438.24	\$1,299.11	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$462.91	\$1,966.85	\$1,827.72	\$462.91
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$462.91	\$474.80	\$335.67	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$462.91	\$1,273.38	\$1,134.25	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$462.91	\$1,752.53	\$1,613.40	\$462.91
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$462.91	\$184.90	\$45.77	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$462.91	\$693.58	\$554.45	\$462.91
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$462.91	\$998.79	\$859.66	\$462.91
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$462.91	\$704.21	\$565.08	\$462.91
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$462.91	\$1,732.20	\$1,593.07	\$462.91
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$462.91	\$2,348.99	\$2,209.86	\$462.91

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL eff 1-1-15	VISION eff 1-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$114.13	\$25.00	\$1,085.27	\$462.91	\$622.36	\$483.23	\$462.91
D20		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$462.91	\$1,568.50	\$1,429.37	\$462.91
F20		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$462.91	\$2,136.18	\$1,997.05	\$462.91
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$462.91	\$855.01	\$715.88	\$462.91
D20		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$462.91	\$2,033.80	\$1,894.67	\$462.91
F20		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$462.91	\$2,741.07	\$2,601.94	\$462.91
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$462.91	\$605.07	\$465.94	\$462.91
D20		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$462.91	\$1,533.92	\$1,394.79	\$462.91
F20		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$462.91	\$2,091.23	\$1,952.10	\$462.91
<b>HealthNet SmartCare HMO PLAN</b>											
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
<b>Western Health Advantage HMO</b>											
Western Health Advantage		SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$462.91	\$372.90	\$233.77	\$462.91
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$462.91	\$1,069.58	\$930.45	\$462.91
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$462.91	\$1,487.59	\$1,348.46	\$462.91

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](http://www.calpers.ca.gov) and click on Health Plan Information