



**SACRAMENTO
2019 MATRIX**

CSEA 4 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	\$336.67	\$490.45	\$351.32	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$336.67	\$1,178.44	\$1,039.31	\$336.67
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$336.67	\$1,591.23	\$1,452.10	\$336.67
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$336.67	\$683.47	\$544.34	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$336.67	\$1,564.48	\$1,425.35	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$336.67	\$2,093.09	\$1,953.96	\$336.67
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$336.67	\$601.04	\$461.91	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$336.67	\$1,399.62	\$1,260.49	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$336.67	\$1,878.77	\$1,739.64	\$336.67
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$336.67	\$311.14	\$172.01	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$336.67	\$819.82	\$680.69	\$336.67
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$336.67	\$1,125.03	\$985.90	\$336.67
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$336.67	\$830.45	\$691.32	\$336.67
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$336.67	\$1,858.44	\$1,719.31	\$336.67
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$336.67	\$2,475.23	\$2,336.10	\$336.67

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	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	\$336.67	\$748.60	\$609.47	\$336.67
D20		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$336.67	\$1,694.74	\$1,555.61	\$336.67
F20		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$336.67	\$2,262.42	\$2,123.29	\$336.67
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$336.67	\$981.25	\$842.12	\$336.67
D20		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$336.67	\$2,160.04	\$2,020.91	\$336.67
F20		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$336.67	\$2,867.31	\$2,728.18	\$336.67
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$336.67	\$731.31	\$592.18	\$336.67
D20		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$336.67	\$1,660.16	\$1,521.03	\$336.67
F20		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$336.67	\$2,217.47	\$2,078.34	\$336.67
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	\$336.67	\$499.14	\$360.01	\$336.67
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$336.67	\$1,195.82	\$1,056.69	\$336.67
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$336.67	\$1,613.83	\$1,474.70	\$336.67

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