



**SACRAMENTO
2019 MATRIX**

0.7812

CSEA 6.5 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	\$547.08	\$280.04	\$140.91	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$547.08	\$968.03	\$828.90	\$547.08
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$547.08	\$1,380.82	\$1,241.69	\$547.08
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$547.08	\$473.06	\$333.93	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$547.08	\$1,354.07	\$1,214.94	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$547.08	\$1,882.68	\$1,743.55	\$547.08
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$547.08	\$390.63	\$251.50	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$547.08	\$1,189.21	\$1,050.08	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$547.08	\$1,668.36	\$1,529.23	\$547.08
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$547.08	\$100.73	\$0.00	\$508.68
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$547.08	\$609.41	\$470.28	\$547.08
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$547.08	\$914.62	\$775.49	\$547.08
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$547.08	\$620.04	\$480.91	\$547.08
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$547.08	\$1,648.03	\$1,508.90	\$547.08
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$547.08	\$2,264.82	\$2,125.69	\$547.08

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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	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	\$547.08	\$538.19	\$399.06	\$547.08
		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$547.08	\$1,484.33	\$1,345.20	\$547.08
		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$547.08	\$2,052.01	\$1,912.88	\$547.08
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$547.08	\$770.84	\$631.71	\$547.08
		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$547.08	\$1,949.63	\$1,810.50	\$547.08
		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$547.08	\$2,656.90	\$2,517.77	\$547.08
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$547.08	\$520.90	\$381.77	\$547.08
		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$547.08	\$1,449.75	\$1,310.62	\$547.08
		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$547.08	\$2,007.06	\$1,867.93	\$547.08
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		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	\$547.08	\$288.73	\$149.60	\$547.08
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$547.08	\$985.41	\$846.28	\$547.08
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$547.08	\$1,403.42	\$1,264.29	\$547.08

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