

**SACRAMENTO  
2019 MATRIX**

0.9687



**CSEA 8 HOUR EMPLOYEES WITH 2018 CAP**

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

1

MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
				*MANDATORY	*MANDATORY						
				eff 1-1-15	eff 1-1-15						
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E20	SELF	1	\$687.99	\$114.13	\$25.00	\$827.12	\$673.33	\$153.79	\$14.66	\$673.33
D20		SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$673.33	\$841.78	\$702.65	\$673.33
F20		SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$673.33	\$1,254.57	\$1,115.44	\$673.33
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$673.33	\$346.81	\$207.68	\$673.33
D20		SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$673.33	\$1,227.82	\$1,088.69	\$673.33
F20		SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$673.33	\$1,756.43	\$1,617.30	\$673.33
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$673.33	\$264.38	\$125.25	\$673.33
D20		SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$673.33	\$1,062.96	\$923.83	\$673.33
F20		SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$673.33	\$1,542.11	\$1,402.98	\$673.33
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$673.33	\$0.00	\$0.00	\$508.68
D20		SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$673.33	\$483.16	\$344.03	\$673.33
F20		SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$673.33	\$788.37	\$649.24	\$673.33
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$673.33	\$493.79	\$354.66	\$673.33
D20		SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$673.33	\$1,521.78	\$1,382.65	\$673.33
F20		SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$673.33	\$2,138.57	\$1,999.44	\$673.33

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\*\*



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2019 MATRIX**

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									PAYROLL USE ONLY		
MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL *MANDATORY eff 1-1-15	VISION *MANDATORY 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	\$673.33	\$411.94	\$272.81	\$673.33
D20		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$673.33	\$1,358.08	\$1,218.95	\$673.33
F20		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$673.33	\$1,925.76	\$1,786.63	\$673.33
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$673.33	\$644.59	\$505.46	\$673.33
D20		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$673.33	\$1,823.38	\$1,684.25	\$673.33
F20		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$673.33	\$2,530.65	\$2,391.52	\$673.33
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$673.33	\$394.65	\$255.52	\$673.33
D20		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$673.33	\$1,323.50	\$1,184.37	\$673.33
F20		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$673.33	\$1,880.81	\$1,741.68	\$673.33
<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>											
<b>Western Health Advantage</b>		SELF	1	\$696.68	\$114.13	\$25.00	\$835.81	\$673.33	\$162.48	\$23.35	\$673.33
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$673.33	\$859.16	\$720.03	\$673.33
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$673.33	\$1,277.17	\$1,138.04	\$673.33

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