

**SACRAMENTO
2019 MATRIX**

0.7187



CSEA 6 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	\$505.00	\$322.12	\$182.99	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,375.98	\$114.13	\$25.00	\$1,515.11	\$505.00	\$1,010.11	\$870.98	\$505.00
	F20	SELF + DEPENDENTS	3	\$1,788.77	\$114.13	\$25.00	\$1,927.90	\$505.00	\$1,422.90	\$1,283.77	\$505.00
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E20	SELF	1	\$881.01	\$114.13	\$25.00	\$1,020.14	\$505.00	\$515.14	\$376.01	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,762.02	\$114.13	\$25.00	\$1,901.15	\$505.00	\$1,396.15	\$1,257.02	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,290.63	\$114.13	\$25.00	\$2,429.76	\$505.00	\$1,924.76	\$1,785.63	\$505.00
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E20	SELF	1	\$798.58	\$114.13	\$25.00	\$937.71	\$505.00	\$432.71	\$293.58	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,597.16	\$114.13	\$25.00	\$1,736.29	\$505.00	\$1,231.29	\$1,092.16	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,076.31	\$114.13	\$25.00	\$2,215.44	\$505.00	\$1,710.44	\$1,571.31	\$505.00
42 4050											
PERS SELECT PPO 80/20											
SE01	E20	SELF	1	\$508.68	\$114.13	\$25.00	\$647.81	\$505.00	\$142.81	\$3.68	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$1,017.36	\$114.13	\$25.00	\$1,156.49	\$505.00	\$651.49	\$512.36	\$505.00
	F20	SELF + DEPENDENTS	3	\$1,322.57	\$114.13	\$25.00	\$1,461.70	\$505.00	\$956.70	\$817.57	\$505.00
43 4060											
PERS CARE PPO 90/10											
CA01	E20	SELF	1	\$1,027.99	\$114.13	\$25.00	\$1,167.12	\$505.00	\$662.12	\$522.99	\$505.00
	D20	SELF + 1 DEPENDENT	2	\$2,055.98	\$114.13	\$25.00	\$2,195.11	\$505.00	\$1,690.11	\$1,550.98	\$505.00
	F20	SELF + DEPENDENTS	3	\$2,672.77	\$114.13	\$25.00	\$2,811.90	\$505.00	\$2,306.90	\$2,167.77	\$505.00

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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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	\$505.00	\$580.27	\$441.14	\$505.00
D20		SELF + 1 DEPENDENT	2	\$1,892.28	\$114.13	\$25.00	\$2,031.41	\$505.00	\$1,526.41	\$1,387.28	\$505.00
F20		SELF + DEPENDENTS	3	\$2,459.96	\$114.13	\$25.00	\$2,599.09	\$505.00	\$2,094.09	\$1,954.96	\$505.00
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$114.13	\$25.00	\$1,317.92	\$505.00	\$812.92	\$673.79	\$505.00
D20		SELF + 1 DEPENDENT	2	\$2,357.58	\$114.13	\$25.00	\$2,496.71	\$505.00	\$1,991.71	\$1,852.58	\$505.00
F20		SELF + DEPENDENTS	3	\$3,064.85	\$114.13	\$25.00	\$3,203.98	\$505.00	\$2,698.98	\$2,559.85	\$505.00
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$114.13	\$25.00	\$1,067.98	\$505.00	\$562.98	\$423.85	\$505.00
D20		SELF + 1 DEPENDENT	2	\$1,857.70	\$114.13	\$25.00	\$1,996.83	\$505.00	\$1,491.83	\$1,352.70	\$505.00
F20		SELF + DEPENDENTS	3	\$2,415.01	\$114.13	\$25.00	\$2,554.14	\$505.00	\$2,049.14	\$1,910.01	\$505.00
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	\$505.00	\$330.81	\$191.68	\$505.00
		SELF + 1 DEPENDENT	2	\$1,393.36	\$114.13	\$25.00	\$1,532.49	\$505.00	\$1,027.49	\$888.36	\$505.00
		SELF + DEPENDENTS	3	\$1,811.37	\$114.13	\$25.00	\$1,950.50	\$505.00	\$1,445.50	\$1,306.37	\$505.00

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