



**SACRAMENTO  
2018 MATRIX**

Dental Rates eff 9-30-17

0.975

**LEA 100% EMPLOYEES WITH 2018 CAPS**

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

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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
				*MANDATORY	*MANDATORY		applied to Health 1st			
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E60	SELF	1	\$703.96	\$142.37	\$20.00	\$866.33	\$668.98	\$197.35	\$34.98 \$668.98
	D60	SELF + 1 DEPENDENT	2	\$1,407.92	\$142.37	\$20.00	\$1,570.29	\$1,222.68	\$347.61	\$185.24 \$1,222.68
	F60	SELF + DEPENDENTS	3	\$1,830.30	\$142.37	\$20.00	\$1,992.67	\$1,554.91	\$437.76	\$275.39 \$1,554.91
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	1	\$806.71	\$142.37	\$20.00	\$969.08	\$746.49	\$222.59	\$60.22 \$746.49
	D60	SELF + 1 DEPENDENT	2	\$1,613.42	\$142.37	\$20.00	\$1,775.79	\$1,377.69	\$398.10	\$235.73 \$1,377.69
	F60	SELF + DEPENDENTS	3	\$2,097.45	\$142.37	\$20.00	\$2,259.82	\$1,756.41	\$503.41	\$341.04 \$1,756.41
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E60	SELF	1	\$735.38	\$142.37	\$20.00	\$897.75	\$683.47	\$214.28	\$51.91 \$683.47
	D60	SELF + 1 DEPENDENT	2	\$1,470.76	\$142.37	\$20.00	\$1,633.13	\$1,251.67	\$381.46	\$219.09 \$1,251.67
	F60	SELF + DEPENDENTS	3	\$1,911.99	\$142.37	\$20.00	\$2,074.36	\$1,592.58	\$481.78	\$319.41 \$1,592.58
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	1	\$684.90	\$142.37	\$20.00	\$847.27	\$563.12	\$284.15	\$121.78 \$563.12
	D60	SELF + 1 DEPENDENT	2	\$1,369.80	\$142.37	\$20.00	\$1,532.17	\$1,022.32	\$509.85	\$347.48 \$1,022.32
	F60	SELF + DEPENDENTS	3	\$1,780.74	\$142.37	\$20.00	\$1,943.11	\$1,297.84	\$645.27	\$482.90 \$1,297.84
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	1	\$797.61	\$142.37	\$20.00	\$959.98	\$668.68	\$291.30	\$128.93 \$668.68
	D60	SELF + 1 DEPENDENT	2	\$1,595.22	\$142.37	\$20.00	\$1,757.59	\$1,233.45	\$524.14	\$361.77 \$1,233.45
	F60	SELF + DEPENDENTS	3	\$2,073.79	\$142.37	\$20.00	\$2,236.16	\$1,572.31	\$663.85	\$501.48 \$1,572.31

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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**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP applied to Health 1st	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$142.37	\$20.00	\$1,104.66	\$611.27	\$493.39	\$331.02	\$611.27
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$142.37	\$20.00	\$2,046.95	\$1,125.11	\$921.84	\$759.47	\$1,125.11
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$142.37	\$20.00	\$2,612.32	\$1,433.42	\$1,178.90	\$1,016.53	\$1,433.42
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$142.37	\$20.00	\$1,216.99	\$652.70	\$564.29	\$401.92	\$652.70
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$142.37	\$20.00	\$2,271.61	\$1,207.99	\$1,063.62	\$901.25	\$1,207.99
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$142.37	\$20.00	\$2,904.38	\$1,541.15	\$1,363.23	\$1,200.86	\$1,541.15
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$142.37	\$20.00	\$993.79	\$671.54	\$322.25	\$159.88	\$671.54
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$142.37	\$20.00	\$1,825.21	\$1,244.83	\$580.38	\$418.01	\$1,244.83
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$142.37	\$20.00	\$2,324.06	\$1,588.78	\$735.28	\$572.91	\$1,588.78
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 980.82	\$142.37	\$20.00	\$1,143.19	\$666.80	\$ 476.39	\$314.02	\$666.80
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$142.37	\$20.00	\$2,124.01	\$1,228.06	\$ 895.95	\$733.58	\$1,228.06
		SELF + DEPENDENTS	3	\$ 2,550.13	\$142.37	\$20.00	\$2,712.50	\$1,564.82	\$ 1,147.68	\$985.31	\$1,564.82
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$583.00	\$ 324.16	\$161.79	\$583.00
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$1,104.30	\$ 547.65	\$385.28	\$1,104.30
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$1,417.08	\$ 681.74	\$519.37	\$1,417.08

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**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