



**SACRAMENTO  
2018 MATRIX**

Dental Rates eff 9-30-17

**LEA 80% EMPLOYEES WITH 2018 CAPS**

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

0.8

**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
applied to Health 1st											
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$703.96	\$142.37	\$20.00	\$866.33	\$535.18	\$331.15	\$168.78	\$535.18
	D60	SELF + 1 DEPENDENT	2	\$1,407.92	\$142.37	\$20.00	\$1,570.29	\$978.14	\$592.15	\$429.78	\$978.14
	F60	SELF + DEPENDENTS	3	\$1,830.30	\$142.37	\$20.00	\$1,992.67	\$1,243.93	\$748.74	\$586.37	\$1,243.93
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$806.71	\$142.37	\$20.00	\$969.08	\$597.19	\$371.89	\$209.52	\$597.19
	D60	SELF + 1 DEPENDENT	2	\$1,613.42	\$142.37	\$20.00	\$1,775.79	\$1,102.15	\$673.64	\$511.27	\$1,102.15
	F60	SELF + DEPENDENTS	3	\$2,097.45	\$142.37	\$20.00	\$2,259.82	\$1,405.13	\$854.69	\$692.32	\$1,405.13
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$735.38	\$142.37	\$20.00	\$897.75	\$546.78	\$350.97	\$188.60	\$546.78
	D60	SELF + 1 DEPENDENT	2	\$1,470.76	\$142.37	\$20.00	\$1,633.13	\$1,001.34	\$631.79	\$469.42	\$1,001.34
	F60	SELF + DEPENDENTS	3	\$1,911.99	\$142.37	\$20.00	\$2,074.36	\$1,274.06	\$800.30	\$637.93	\$1,274.06
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$684.90	\$142.37	\$20.00	\$847.27	\$450.50	\$396.77	\$234.40	\$450.50
	D60	SELF + 1 DEPENDENT	2	\$1,369.80	\$142.37	\$20.00	\$1,532.17	\$817.86	\$714.31	\$551.94	\$817.86
	F60	SELF + DEPENDENTS	3	\$1,780.74	\$142.37	\$20.00	\$1,943.11	\$1,038.27	\$904.84	\$742.47	\$1,038.27
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$797.61	\$142.37	\$20.00	\$959.98	\$534.94	\$425.04	\$262.67	\$534.94
	D60	SELF + 1 DEPENDENT	2	\$1,595.22	\$142.37	\$20.00	\$1,757.59	\$986.76	\$770.83	\$608.46	\$986.76
	F60	SELF + DEPENDENTS	3	\$2,073.79	\$142.37	\$20.00	\$2,236.16	\$1,257.85	\$978.31	\$815.94	\$1,257.85

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.



**SACRAMENTO  
2018 MATRIX**

Dental Rates eff 9-30-17

**LEA 80% EMPLOYEES WITH 2018 CAPS**

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

**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
applied to Health 1st											
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$142.37	\$20.00	\$1,104.66	\$489.02	\$615.64	\$453.27	\$489.02
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$142.37	\$20.00	\$2,046.95	\$900.09	\$1,146.86	\$984.49	\$900.09
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$142.37	\$20.00	\$2,612.32	\$1,146.74	\$1,465.58	\$1,303.21	\$1,146.74
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$142.37	\$20.00	\$1,216.99	\$522.16	\$694.83	\$532.46	\$522.16
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$142.37	\$20.00	\$2,271.61	\$966.39	\$1,305.22	\$1,142.85	\$966.39
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$142.37	\$20.00	\$2,904.38	\$1,232.92	\$1,671.46	\$1,509.09	\$1,232.92
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$142.37	\$20.00	\$993.79	\$537.23	\$456.56	\$294.19	\$537.23
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$142.37	\$20.00	\$1,825.21	\$995.86	\$829.35	\$666.98	\$995.86
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$142.37	\$20.00	\$2,324.06	\$1,271.02	\$1,053.04	\$890.67	\$1,271.02
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 980.82	\$142.37	\$20.00	\$1,143.19	\$533.44	\$ 609.75	\$447.38	\$533.44
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$142.37	\$20.00	\$2,124.01	\$982.45	\$ 1,141.56	\$979.19	\$982.45
		SELF + DEPENDENTS	3	\$ 2,550.13	\$142.37	\$20.00	\$2,712.50	\$1,251.86	\$ 1,460.64	\$1,298.27	\$1,251.86
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$466.40	\$ 440.76	\$278.39	\$466.40
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$883.44	\$ 768.51	\$606.14	\$883.44
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$1,133.66	\$ 965.16	\$802.79	\$1,133.66

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