



**SACRAMENTO  
2018 MATRIX**

Dental Rates eff 9-30-17

**LEA 75% EMPLOYEES WITH 2018 CAPS**

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

0.75

PAYROLL USE  
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
22 4030											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$703.96	\$142.37	\$20.00	\$866.33	\$501.74	\$364.59	\$202.22	\$501.74
	D60	SELF + 1 DEPENDENT	2	\$1,407.92	\$142.37	\$20.00	\$1,570.29	\$917.01	\$653.28	\$490.91	\$917.01
	F60	SELF + DEPENDENTS	3	\$1,830.30	\$142.37	\$20.00	\$1,992.67	\$1,166.18	\$826.49	\$664.12	\$1,166.18
32 4010											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$806.71	\$142.37	\$20.00	\$969.08	\$559.87	\$409.21	\$246.84	\$559.87
	D60	SELF + 1 DEPENDENT	2	\$1,613.42	\$142.37	\$20.00	\$1,775.79	\$1,033.27	\$742.52	\$580.15	\$1,033.27
	F60	SELF + DEPENDENTS	3	\$2,097.45	\$142.37	\$20.00	\$2,259.82	\$1,317.31	\$942.51	\$780.14	\$1,317.31
41 4040											
<b>Athem Blue Cross- PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$735.38	\$142.37	\$20.00	\$897.75	\$512.60	\$385.15	\$222.78	\$512.60
	D60	SELF + 1 DEPENDENT	2	\$1,470.76	\$142.37	\$20.00	\$1,633.13	\$938.75	\$694.38	\$532.01	\$938.75
	F60	SELF + DEPENDENTS	3	\$1,911.99	\$142.37	\$20.00	\$2,074.36	\$1,194.44	\$879.92	\$717.55	\$1,194.44
42 4050											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$684.90	\$142.37	\$20.00	\$847.27	\$422.34	\$424.93	\$262.56	\$422.34
	D60	SELF + 1 DEPENDENT	2	\$1,369.80	\$142.37	\$20.00	\$1,532.17	\$766.74	\$765.43	\$603.06	\$766.74
	F60	SELF + DEPENDENTS	3	\$1,780.74	\$142.37	\$20.00	\$1,943.11	\$973.38	\$969.73	\$807.36	\$973.38
43 4060											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$797.61	\$142.37	\$20.00	\$959.98	\$501.51	\$458.47	\$296.10	\$501.51
	D60	SELF + 1 DEPENDENT	2	\$1,595.22	\$142.37	\$20.00	\$1,757.59	\$925.09	\$832.50	\$670.13	\$925.09
	F60	SELF + DEPENDENTS	3	\$2,073.79	\$142.37	\$20.00	\$2,236.16	\$1,179.23	\$1,056.93	\$894.56	\$1,179.23

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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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	\$458.45	\$646.21	\$483.84	\$458.45
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$142.37	\$20.00	\$2,046.95	\$843.83	\$1,203.12	\$1,040.75	\$843.83
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$142.37	\$20.00	\$2,612.32	\$1,075.07	\$1,537.25	\$1,374.88	\$1,075.07
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$142.37	\$20.00	\$1,216.99	\$489.53	\$727.46	\$565.09	\$489.53
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$142.37	\$20.00	\$2,271.61	\$905.99	\$1,365.62	\$1,203.25	\$905.99
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$142.37	\$20.00	\$2,904.38	\$1,155.86	\$1,748.52	\$1,586.15	\$1,155.86
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$142.37	\$20.00	\$993.79	\$503.66	\$490.13	\$327.76	\$503.66
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$142.37	\$20.00	\$1,825.21	\$933.62	\$891.59	\$729.22	\$933.62
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$142.37	\$20.00	\$2,324.06	\$1,191.59	\$1,132.47	\$970.10	\$1,191.59
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 980.82	\$142.37	\$20.00	\$1,143.19	\$500.10	\$ 643.09	\$480.72	\$500.10
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$142.37	\$20.00	\$2,124.01	\$921.05	\$ 1,202.96	\$1,040.59	\$921.05
		SELF + DEPENDENTS	3	\$ 2,550.13	\$142.37	\$20.00	\$2,712.50	\$1,173.62	\$ 1,538.88	\$1,376.51	\$1,173.62
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$142.37	\$20.00	\$907.16	\$437.25	\$ 469.91	\$307.54	\$437.25
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$142.37	\$20.00	\$1,651.95	\$828.23	\$ 823.72	\$661.35	\$828.23
		SELF + DEPENDENTS	3	\$ 1,936.45	\$142.37	\$20.00	\$2,098.82	\$1,062.81	\$ 1,036.01	\$873.64	\$1,062.81

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**Basic Premium Rates - SACRAMENTO AREA**  
El Dorado, Placer, Sacramento and Yolo