



**SACRAMENTO
2018 MATRIX**

.6750-.7249

LPPA 70% EMPLOYEES WITH 2016 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 Health Cost	ER Health Cost	
				eff 9/30/17	eff 9-1-15						
22 4030											
KAISER HMO											
KP01	E70	SELF	1	\$703.96	\$145.66	\$25.00	\$874.62	\$540.44	\$334.18	\$163.52	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$540.44	\$1,038.14	\$867.48	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$540.44	\$1,460.52	\$1,289.86	\$540.44
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$540.44	\$436.93	\$266.27	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$540.44	\$1,243.64	\$1,072.98	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$540.44	\$1,727.67	\$1,557.01	\$540.44
41 4040											
Athem Blue Cross- CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$540.44	\$365.60	\$194.94	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$540.44	\$1,100.98	\$930.32	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$540.44	\$1,542.21	\$1,371.55	\$540.44
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$540.44	\$315.12	\$144.46	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$540.44	\$1,000.02	\$829.36	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$540.44	\$1,410.96	\$1,240.30	\$540.44
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$540.44	\$427.83	\$257.17	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$540.44	\$1,225.44	\$1,054.78	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$540.44	\$1,704.01	\$1,533.35	\$540.44

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 eff 9/30/17	VISION eff 9-1-15	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$540.44	\$572.51	\$401.85	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$540.44	\$1,514.80	\$1,344.14	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$540.44	\$2,080.17	\$1,909.51	\$540.44
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$540.44	\$684.84	\$514.18	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$540.44	\$1,739.46	\$1,568.80	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$540.44	\$2,372.23	\$2,201.57	\$540.44
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$540.44	\$461.64	\$290.98	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$540.44	\$1,293.06	\$1,122.40	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$540.44	\$1,791.91	\$1,621.25	\$540.44
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$540.44	\$ 611.04	\$440.38	\$540.44
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$540.44	\$ 1,591.86	\$1,421.20	\$540.44
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$540.44	\$ 2,180.35	\$2,009.69	\$540.44
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$540.44	\$ 375.01	\$204.35	\$540.44
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$540.44	\$ 1,119.80	\$949.14	\$540.44
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$540.44	\$ 1,566.67	\$1,396.01	\$540.44

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