



**SACRAMENTO
2018 MATRIX**

.8250-.8749

LPPA 85% 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	\$656.24	\$218.38	\$47.72	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$656.24	\$922.34	\$751.68	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$656.24	\$1,344.72	\$1,174.06	\$656.24
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$656.24	\$321.13	\$150.47	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$656.24	\$1,127.84	\$957.18	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$656.24	\$1,611.87	\$1,441.21	\$656.24
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80//20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$656.24	\$249.80	\$79.14	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$656.24	\$985.18	\$814.52	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$656.24	\$1,426.41	\$1,255.75	\$656.24
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$656.24	\$199.32	\$28.66	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$656.24	\$884.22	\$713.56	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$656.24	\$1,295.16	\$1,124.50	\$656.24
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$656.24	\$312.03	\$141.37	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$656.24	\$1,109.64	\$938.98	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$656.24	\$1,588.21	\$1,417.55	\$656.24

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	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY		
									Health Cost	Health Cost	
				eff 9/30/17	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$656.24	\$456.71	\$286.05	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$656.24	\$1,399.00	\$1,228.34	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$656.24	\$1,964.37	\$1,793.71	\$656.24
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$656.24	\$569.04	\$398.38	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$656.24	\$1,623.66	\$1,453.00	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$656.24	\$2,256.43	\$2,085.77	\$656.24
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$656.24	\$345.84	\$175.18	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$656.24	\$1,177.26	\$1,006.60	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$656.24	\$1,676.11	\$1,505.45	\$656.24
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$656.24	\$ 495.24	\$324.58	\$656.24
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$656.24	\$ 1,476.06	\$1,305.40	\$656.24
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$772.05	\$ 1,948.74	\$1,778.08	\$772.05
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$772.05	\$ 143.40	\$0.00	\$744.79
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$772.05	\$ 888.19	\$717.53	\$772.05
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$772.05	\$ 1,335.06	\$1,164.40	\$772.05

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