



**SACRAMENTO
2018 MATRIX**

.8750-.9249

LPPA 90% 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	\$694.85	\$179.77	\$9.11	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$694.85	\$883.73	\$713.07	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$694.85	\$1,306.11	\$1,135.45	\$694.85
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$694.85	\$282.52	\$111.86	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$694.85	\$1,089.23	\$918.57	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$694.85	\$1,573.26	\$1,402.60	\$694.85
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$694.85	\$211.19	\$40.53	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$694.85	\$946.57	\$775.91	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$694.85	\$1,387.80	\$1,217.14	\$694.85
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$694.85	\$160.71	\$0.00	\$684.90
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$694.85	\$845.61	\$674.95	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$694.85	\$1,256.55	\$1,085.89	\$694.85
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$694.85	\$273.42	\$102.76	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$694.85	\$1,071.03	\$900.37	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$694.85	\$1,549.60	\$1,378.94	\$694.85

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**



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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						
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$694.85	\$418.10	\$247.44	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$694.85	\$1,360.39	\$1,189.73	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$694.85	\$1,925.76	\$1,755.10	\$694.85
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$694.85	\$530.43	\$359.77	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$694.85	\$1,585.05	\$1,414.39	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$694.85	\$2,217.82	\$2,047.16	\$694.85
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$694.85	\$307.23	\$136.57	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$694.85	\$1,138.65	\$967.99	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$694.85	\$1,637.50	\$1,466.84	\$694.85
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$694.85	\$ 456.63	\$285.97	\$694.85
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$694.85	\$ 1,437.45	\$1,266.79	\$694.85
		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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- .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