

**SACRAMENTO
2018 MATRIX**

.6250-.6749



LPPA 65% 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	ER	
									Health Cost	Health Cost	
22 4030				eff 9/30/17	eff 9-1-15						
KAISER		HMO									
KP01	E70	SELF	1	\$703.96	\$145.66	\$25.00	\$874.62	\$501.83	\$372.79	\$202.13	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$501.83	\$1,076.75	\$906.09	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$501.83	\$1,499.13	\$1,328.47	\$501.83
32 4010											
BLUE SHIELD ACCESS		HMO									
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$501.83	\$475.54	\$304.88	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$501.83	\$1,282.25	\$1,111.59	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$501.83	\$1,766.28	\$1,595.62	\$501.83
41 4040											
Athem Blue Cross-CHOICE		PERS PPO 80/20									
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$501.83	\$404.21	\$233.55	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$501.83	\$1,139.59	\$968.93	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$501.83	\$1,580.82	\$1,410.16	\$501.83
42 4050											
PERS SELECT		PPO 80/20									
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$501.83	\$353.73	\$183.07	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$501.83	\$1,038.63	\$867.97	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$501.83	\$1,449.57	\$1,278.91	\$501.83
43 4060											
PERS CARE		PPO 90/10									
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$501.83	\$466.44	\$295.78	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$501.83	\$1,264.05	\$1,093.39	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$501.83	\$1,742.62	\$1,571.96	\$501.83

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	\$501.83	\$611.12	\$440.46	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$501.83	\$1,553.41	\$1,382.75	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$501.83	\$2,118.78	\$1,948.12	\$501.83
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$501.83	\$723.45	\$552.79	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$501.83	\$1,778.07	\$1,607.41	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$501.83	\$2,410.84	\$2,240.18	\$501.83
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$501.83	\$500.25	\$329.59	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$501.83	\$1,331.67	\$1,161.01	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$501.83	\$1,830.52	\$1,659.86	\$501.83
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$501.83	\$ 649.65	\$478.99	\$501.83
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$501.83	\$ 1,630.47	\$1,459.81	\$501.83
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$501.83	\$ 2,218.96	\$2,048.30	\$501.83
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$501.83	\$ 413.62	\$242.96	\$501.83
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$501.83	\$ 1,158.41	\$987.75	\$501.83
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$501.83	\$ 1,605.28	\$1,434.62	\$501.83

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