



**SACRAMENTO
2018 MATRIX**

.7250-.7749

LPPA 75% 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	\$579.04	\$295.58	\$124.92	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$579.04	\$999.54	\$828.88	\$579.04
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$579.04	\$1,421.92	\$1,251.26	\$579.04
32 4010											
	BLUE SHIELD ACCESS		HMO								
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$579.04	\$398.33	\$227.67	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$579.04	\$1,205.04	\$1,034.38	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$579.04	\$1,689.07	\$1,518.41	\$579.04
41 4040											
	Athem Blue Cross-CHOICE	PERS	PPO 80/20								
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$579.04	\$327.00	\$156.34	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$579.04	\$1,062.38	\$891.72	\$579.04
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$579.04	\$1,503.61	\$1,332.95	\$579.04
42 4050											
	PERS SELECT		PPO 80/20								
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$579.04	\$276.52	\$105.86	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$579.04	\$961.42	\$790.76	\$579.04
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$579.04	\$1,372.36	\$1,201.70	\$579.04
43 4060											
	PERS CARE		PPO 90/10								
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$579.04	\$389.23	\$218.57	\$579.04
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$579.04	\$1,186.84	\$1,016.18	\$579.04
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$579.04	\$1,665.41	\$1,494.75	\$579.04

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	EE	ER	
									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	\$579.04	\$533.91	\$363.25	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$579.04	\$1,476.20	\$1,305.54	\$579.04
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$579.04	\$2,041.57	\$1,870.91	\$579.04
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$579.04	\$646.24	\$475.58	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$579.04	\$1,700.86	\$1,530.20	\$579.04
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$579.04	\$2,333.63	\$2,162.97	\$579.04
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$579.04	\$423.04	\$252.38	\$579.04
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$579.04	\$1,254.46	\$1,083.80	\$579.04
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$579.04	\$1,753.31	\$1,582.65	\$579.04
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$579.04	\$ 572.44	\$401.78	\$579.04
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$579.04	\$ 1,553.26	\$1,382.60	\$579.04
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$579.04	\$ 2,141.75	\$1,971.09	\$579.04
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$579.04	\$ 336.41	\$165.75	\$579.04
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$579.04	\$ 1,081.20	\$910.54	\$579.04
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$579.04	\$ 1,528.07	\$1,357.41	\$579.04

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