



**SACRAMENTO
2018 MATRIX**

.9250-.9749

LPPA 95% 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	PAYROLL USE ONLY		
									Health Cost	ER Health Cost	
22 4030											
KAISER HMO											
KP01	E70	SELF	1	\$703.96	\$145.66	\$25.00	\$874.62	\$733.45	\$141.17	\$0.00	\$703.96
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$733.45	\$845.13	\$674.47	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$733.45	\$1,267.51	\$1,096.85	\$733.45
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$733.45	\$243.92	\$73.26	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$733.45	\$1,050.63	\$879.97	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$733.45	\$1,534.66	\$1,364.00	\$733.45
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$733.45	\$172.59	\$1.93	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$733.45	\$907.97	\$737.31	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$733.45	\$1,349.20	\$1,178.54	\$733.45
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$733.45	\$122.11	\$0.00	\$684.90
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$733.45	\$807.01	\$636.35	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$733.45	\$1,217.95	\$1,047.29	\$733.45
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$733.45	\$234.82	\$64.16	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$733.45	\$1,032.43	\$861.77	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$733.45	\$1,511.00	\$1,340.34	\$733.45

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	ER
									Health Cost	Health Cost
eff 9/30/17										
eff 9-1-15										
Anthem HMO Select										
AHS1	E20	SELF	\$942.29	\$145.66	\$25.00	\$1,112.95	\$733.45	\$379.50	\$208.84	\$733.45
	D20	SELF + 1 DEPENDENT	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$733.45	\$1,321.79	\$1,151.13	\$733.45
	F20	SELF + DEPENDENTS	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$733.45	\$1,887.16	\$1,716.50	\$733.45
Anthem HMO Traditional										
AHT1	E20	SELF	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$733.45	\$491.83	\$321.17	\$733.45
	D20	SELF + 1 DEPENDENT	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$733.45	\$1,546.45	\$1,375.79	\$733.45
	F20	SELF + DEPENDENTS	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$733.45	\$2,179.22	\$2,008.56	\$733.45
United HealthCare HMO PLAN										
UN01	E20	SELF	\$831.42	\$145.66	\$25.00	\$1,002.08	\$733.45	\$268.63	\$97.97	\$733.45
	D20	SELF + 1 DEPENDENT	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$733.45	\$1,100.05	\$929.39	\$733.45
	F20	SELF + DEPENDENTS	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$733.45	\$1,598.90	\$1,428.24	\$733.45
Health Net SmartCare HMO PLAN										
		SELF	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$733.45	\$ 418.03	\$247.37	\$733.45
		SELF + 1 DEPENDENT	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$733.45	\$ 1,398.85	\$1,228.19	\$733.45
		SELF + DEPENDENTS	\$ 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	\$ 744.79	\$145.66	\$25.00	\$915.45	\$772.05	\$ 143.40	\$0.00	\$744.79
		SELF + 1 DEPENDENT	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$772.05	\$ 888.19	\$717.53	\$772.05
		SELF + DEPENDENTS	\$ 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