



**SACRAMENTO
2018 MATRIX**

.50-.5249

LPPA 50% 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	\$386.03	\$488.59	\$317.93	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$386.03	\$1,192.55	\$1,021.89	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$386.03	\$1,614.93	\$1,444.27	\$386.03
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$386.03	\$591.34	\$420.68	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$386.03	\$1,398.05	\$1,227.39	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$386.03	\$1,882.08	\$1,711.42	\$386.03
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$386.03	\$520.01	\$349.35	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$386.03	\$1,255.39	\$1,084.73	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$386.03	\$1,696.62	\$1,525.96	\$386.03
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$386.03	\$469.53	\$298.87	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$386.03	\$1,154.43	\$983.77	\$386.03
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$386.03	\$1,565.37	\$1,394.71	\$386.03
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$386.03	\$582.24	\$411.58	\$386.03
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$386.03	\$1,379.85	\$1,209.19	\$386.03
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$386.03	\$1,858.42	\$1,687.76	\$386.03

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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ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$386.03	\$726.92	\$556.26	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$386.03	\$1,669.21	\$1,498.55	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$386.03	\$2,234.58	\$2,063.92	\$386.03
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$386.03	\$839.25	\$668.59	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$386.03	\$1,893.87	\$1,723.21	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$386.03	\$2,526.64	\$2,355.98	\$386.03
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$386.03	\$616.05	\$445.39	\$386.03
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$386.03	\$1,447.47	\$1,276.81	\$386.03
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$386.03	\$1,946.32	\$1,775.66	\$386.03
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$386.03	\$ 765.45	\$594.79	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$386.03	\$ 1,746.27	\$1,575.61	\$386.03
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$386.03	\$ 2,334.76	\$2,164.10	\$386.03
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$386.03	\$ 529.42	\$358.76	\$386.03
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$386.03	\$ 1,274.21	\$1,103.55	\$386.03
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$386.03	\$ 1,721.08	\$1,550.42	\$386.03

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