



**SACRAMENTO
2018 MATRIX**

.975-100

LPPA 100% 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	
				*MANDATORY	*MANDATORY						
				Eff 9-30-17	eff 9-1-15						
22 4030											
KAISER HMO											
KP01	E70	SELF	1	\$703.96	\$145.66	\$25.00	\$874.62	\$772.05	\$102.57	\$0.00	\$703.96
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$772.05	\$806.53	\$635.87	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$772.05	\$1,228.91	\$1,058.25	\$772.05
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$772.05	\$205.32	\$34.66	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$772.05	\$1,012.03	\$841.37	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$772.05	\$1,496.06	\$1,325.40	\$772.05
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$772.05	\$133.99	\$0.00	\$735.38
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$772.05	\$869.37	\$698.71	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$772.05	\$1,310.60	\$1,139.94	\$772.05
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$772.05	\$83.51	\$0.00	\$684.90
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$772.05	\$768.41	\$597.75	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$772.05	\$1,179.35	\$1,008.69	\$772.05
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$772.05	\$196.22	\$25.56	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$772.05	\$993.83	\$823.17	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$772.05	\$1,472.40	\$1,301.74	\$772.05

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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2018 MATRIX
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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	
				*MANDATORY	*MANDATORY						
				Eff 9-30-17	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$772.05	\$340.90	\$170.24	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$772.05	\$1,283.19	\$1,112.53	\$772.05
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$772.05	\$1,848.56	\$1,677.90	\$772.05
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$772.05	\$453.23	\$282.57	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$772.05	\$1,507.85	\$1,337.19	\$772.05
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$772.05	\$2,140.62	\$1,969.96	\$772.05
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$772.05	\$230.03	\$59.37	\$772.05
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$772.05	\$1,061.45	\$890.79	\$772.05
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$772.05	\$1,560.30	\$1,389.64	\$772.05
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$772.05	\$ 379.43	\$208.77	\$772.05
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$772.05	\$ 1,360.25	\$1,189.59	\$772.05
		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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Basic Premium Rates - SACRAMENTO AREA
El Dorado, Placer, Sacramento and Yolo

CalPers premiums are by Zip Code - for more information go to www.calpers.ca.gov and click on Health Plan Information