



**SACRAMENTO
2018 MATRIX**

.5750-.6249

LPPA 60% 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	\$463.23	\$411.39	\$240.73	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$463.23	\$1,115.35	\$944.69	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$463.23	\$1,537.73	\$1,367.07	\$463.23
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$806.71	\$145.66	\$25.00	\$977.37	\$463.23	\$514.14	\$343.48	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$463.23	\$1,320.85	\$1,150.19	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$463.23	\$1,804.88	\$1,634.22	\$463.23
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$735.38	\$145.66	\$25.00	\$906.04	\$463.23	\$442.81	\$272.15	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$463.23	\$1,178.19	\$1,007.53	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$463.23	\$1,619.42	\$1,448.76	\$463.23
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$684.90	\$145.66	\$25.00	\$855.56	\$463.23	\$392.33	\$221.67	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$463.23	\$1,077.23	\$906.57	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$463.23	\$1,488.17	\$1,317.51	\$463.23
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$797.61	\$145.66	\$25.00	\$968.27	\$463.23	\$505.04	\$334.38	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$463.23	\$1,302.65	\$1,131.99	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$463.23	\$1,781.22	\$1,610.56	\$463.23

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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				eff 9/30/17	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$463.23	\$649.72	\$479.06	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$463.23	\$1,592.01	\$1,421.35	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$463.23	\$2,157.38	\$1,986.72	\$463.23
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$463.23	\$762.05	\$591.39	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$463.23	\$1,816.67	\$1,646.01	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$463.23	\$2,449.44	\$2,278.78	\$463.23
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$463.23	\$538.85	\$368.19	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$463.23	\$1,370.27	\$1,199.61	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$463.23	\$1,869.12	\$1,698.46	\$463.23
Health Net SmartCare HMO PLAN											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$463.23	\$ 688.25	\$517.59	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$463.23	\$ 1,669.07	\$1,498.41	\$463.23
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$463.23	\$ 2,257.56	\$2,086.90	\$463.23
Western Health Advantage HMO PLAN											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$463.23	\$ 452.22	\$281.56	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$463.23	\$ 1,197.01	\$1,026.35	\$463.23
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$463.23	\$ 1,643.88	\$1,473.22	\$463.23

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- .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**

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