



**SACRAMENTO  
2018 MATRIX**

.5250-.5749

**LPPA 55% 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					
<b>22 4030</b>										
<b>KAISER HMO</b>										
KP01	E70	SELF	\$703.96	\$145.66	\$25.00	\$874.62	\$424.63	\$449.99	\$279.33	\$424.63
	D70	SELF + 1 DEPENDENT	\$1,407.92	\$145.66	\$25.00	\$1,578.58	\$424.63	\$1,153.95	\$983.29	\$424.63
	F70	SELF + DEPENDENTS	\$1,830.30	\$145.66	\$25.00	\$2,000.96	\$424.63	\$1,576.33	\$1,405.67	\$424.63
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E70	SELF	\$806.71	\$145.66	\$25.00	\$977.37	\$424.63	\$552.74	\$382.08	\$424.63
	D70	SELF + 1 DEPENDENT	\$1,613.42	\$145.66	\$25.00	\$1,784.08	\$424.63	\$1,359.45	\$1,188.79	\$424.63
	F70	SELF + DEPENDENTS	\$2,097.45	\$145.66	\$25.00	\$2,268.11	\$424.63	\$1,843.48	\$1,672.82	\$424.63
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/10</b>										
CH01	E70	SELF	\$735.38	\$145.66	\$25.00	\$906.04	\$424.63	\$481.41	\$310.75	\$424.63
	D70	SELF + 1 DEPENDENT	\$1,470.76	\$145.66	\$25.00	\$1,641.42	\$424.63	\$1,216.79	\$1,046.13	\$424.63
	F70	SELF + DEPENDENTS	\$1,911.99	\$145.66	\$25.00	\$2,082.65	\$424.63	\$1,658.02	\$1,487.36	\$424.63
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E70	SELF	\$684.90	\$145.66	\$25.00	\$855.56	\$424.63	\$430.93	\$260.27	\$424.63
	D70	SELF + 1 DEPENDENT	\$1,369.80	\$145.66	\$25.00	\$1,540.46	\$424.63	\$1,115.83	\$945.17	\$424.63
	F70	SELF + DEPENDENTS	\$1,780.74	\$145.66	\$25.00	\$1,951.40	\$424.63	\$1,526.77	\$1,356.11	\$424.63
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E70	SELF	\$797.61	\$145.66	\$25.00	\$968.27	\$424.63	\$543.64	\$372.98	\$424.63
	D70	SELF + 1 DEPENDENT	\$1,595.22	\$145.66	\$25.00	\$1,765.88	\$424.63	\$1,341.25	\$1,170.59	\$424.63
	F70	SELF + DEPENDENTS	\$2,073.79	\$145.66	\$25.00	\$2,244.45	\$424.63	\$1,819.82	\$1,649.16	\$424.63

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						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$942.29	\$145.66	\$25.00	\$1,112.95	\$424.63	\$688.32	\$517.66	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$1,884.58	\$145.66	\$25.00	\$2,055.24	\$424.63	\$1,630.61	\$1,459.95	\$424.63
	F20	SELF + DEPENDENTS	3	\$2,449.95	\$145.66	\$25.00	\$2,620.61	\$424.63	\$2,195.98	\$2,025.32	\$424.63
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,054.62	\$145.66	\$25.00	\$1,225.28	\$424.63	\$800.65	\$629.99	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$2,109.24	\$145.66	\$25.00	\$2,279.90	\$424.63	\$1,855.27	\$1,684.61	\$424.63
	F20	SELF + DEPENDENTS	3	\$2,742.01	\$145.66	\$25.00	\$2,912.67	\$424.63	\$2,488.04	\$2,317.38	\$424.63
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$831.42	\$145.66	\$25.00	\$1,002.08	\$424.63	\$577.45	\$406.79	\$424.63
	D20	SELF + 1 DEPENDENT	2	\$1,662.84	\$145.66	\$25.00	\$1,833.50	\$424.63	\$1,408.87	\$1,238.21	\$424.63
	F20	SELF + DEPENDENTS	3	\$2,161.69	\$145.66	\$25.00	\$2,332.35	\$424.63	\$1,907.72	\$1,737.06	\$424.63
<b>Health Net SmartCare HMO PLAN</b>											
		SELF	1	\$ 980.82	\$145.66	\$25.00	\$1,151.48	\$424.63	\$ 726.85	\$556.19	\$424.63
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$145.66	\$25.00	\$2,132.30	\$424.63	\$ 1,707.67	\$1,537.01	\$424.63
		SELF + DEPENDENTS	3	\$ 2,550.13	\$145.66	\$25.00	\$2,720.79	\$424.63	\$ 2,296.16	\$2,125.50	\$424.63
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 744.79	\$145.66	\$25.00	\$915.45	\$424.63	\$ 490.82	\$320.16	\$424.63
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$145.66	\$25.00	\$1,660.24	\$424.63	\$ 1,235.61	\$1,064.95	\$424.63
		SELF + DEPENDENTS	3	\$ 1,936.45	\$145.66	\$25.00	\$2,107.11	\$424.63	\$ 1,682.48	\$1,511.82	\$424.63

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