



SACRAMENTO

2018 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

Rates effective with paychecks 12/31/17 to 11/30/18; Insurance Effective on 1/1/18

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP *	EMPLOYEE COST PER MONTH
				Eff 9/30/17	Eff 9/1/15			
KAISER	HMO							
	SINGLE	1	\$ 703.96	\$140.76	\$ 20.00	\$ 864.72	\$ -	\$ 864.72
	2-PARTY	2	\$ 1,407.92	\$140.76	\$ 20.00	\$ 1,568.68	\$ -	\$ 1,568.68
	FAMILY	3	\$ 1,830.30	\$140.76	\$ 20.00	\$ 1,991.06	\$ -	\$ 1,991.06
Blue Shield Access+	HMO							
	SINGLE	1	\$ 806.71	\$140.76	\$ 20.00	\$ 967.47	\$ -	\$ 967.47
	2-PARTY	2	\$ 1,613.42	\$140.76	\$ 20.00	\$ 1,774.18	\$ -	\$ 1,774.18
	FAMILY	3	\$ 2,097.45	\$140.76	\$ 20.00	\$ 2,258.21	\$ -	\$ 2,258.21
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 735.38	\$140.76	\$ 20.00	\$ 896.14	\$ -	\$ 896.14
	2-PARTY	2	\$ 1,470.76	\$140.76	\$ 20.00	\$ 1,631.52	\$ -	\$ 1,631.52
	FAMILY	3	\$ 1,911.99	\$140.76	\$ 20.00	\$ 2,072.75	\$ -	\$ 2,072.75
PERS Select	PPO 80/20							
	SINGLE	1	\$ 684.90	\$140.76	\$ 20.00	\$ 845.66	\$ -	\$ 845.66
	2-PARTY	2	\$ 1,369.80	\$140.76	\$ 20.00	\$ 1,530.56	\$ -	\$ 1,530.56
	FAMILY	3	\$ 1,780.74	\$140.76	\$ 20.00	\$ 1,941.50	\$ -	\$ 1,941.50
PERSCare	PPO 90/10							
	SINGLE	1	\$ 797.61	\$140.76	\$ 20.00	\$ 958.37	\$ -	\$ 958.37
	2-PARTY	2	\$ 1,595.22	\$140.76	\$ 20.00	\$ 1,755.98	\$ -	\$ 1,755.98
	FAMILY	3	\$ 2,073.79	\$140.76	\$ 20.00	\$ 2,234.55	\$ -	\$ 2,234.55



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
					*MANDATORY	*MANDATORY			
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 942.29	\$140.76	\$ 20.00	\$ 1,103.05		\$ 1,103.05
	D20	SELF + 1 DEPENDENT	2	\$ 1,884.58	\$140.76	\$ 20.00	\$ 2,045.34		\$ 2,045.34
	F20	SELF + DEPENDENTS	3	\$ 2,449.95	\$140.76	\$ 20.00	\$ 2,610.71		\$ 2,610.71
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 1,054.62	\$140.76	\$ 20.00	\$ 1,215.38		\$ 1,215.38
	D20	SELF + 1 DEPENDENT	2	\$ 2,109.24	\$140.76	\$ 20.00	\$ 2,270.00		\$ 2,270.00
	F20	SELF + DEPENDENTS	3	\$ 2,742.01	\$140.76	\$ 20.00	\$ 2,902.77		\$ 2,902.77
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 831.42	\$140.76	\$ 20.00	\$ 992.18		\$ 992.18
	D20	SELF + 1 DEPENDENT	2	\$ 1,662.84	\$140.76	\$ 20.00	\$ 1,823.60		\$ 1,823.60
	F20	SELF + DEPENDENTS	3	\$ 2,161.69	\$140.76	\$ 20.00	\$ 2,322.45		\$ 2,322.45
Health Net SmartCare HMO PLAN									
		SELF	1	\$ 980.82	\$140.76	\$ 20.00	\$ 1,141.58		\$ 1,141.58
		SELF + 1 DEPENDENT	2	\$ 1,961.64	\$140.76	\$ 20.00	\$ 2,122.40		\$ 2,122.40
		SELF + DEPENDENTS	3	\$ 2,550.13	\$140.76	\$ 20.00	\$ 2,710.89		\$ 2,710.89
Western Health Advantage HMO PLAN									
		SELF	1	\$ 744.79	\$140.76	\$ 20.00	\$ 905.55		\$ 905.55
		SELF + 1 DEPENDENT	2	\$ 1,489.58	\$140.76	\$ 20.00	\$ 1,650.34		\$ 1,650.34
		SELF + DEPENDENTS	3	\$ 1,936.45	\$140.76	\$ 20.00	\$ 2,097.21		\$ 2,097.21

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**

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