



SACRAMENTO

2019 BENEFITS MATRIX FOR "CONFIDENTIAL EMPLOYEES"

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION **	BENEFITS TOTAL	DISTRICT CAP*	EMPLOYEE COST PER MONTH
KAISER	HMO			*MANDATORY	*MANDATORY			
	SINGLE	1	\$ 687.99	eff 9-30-17 \$142.35	eff 3-1-15 \$ 25.00	\$ 855.34	\$ -	\$ 855.34
	2-PARTY	2	\$ 1,375.98	\$142.35	\$ 25.00	\$ 1,543.33	\$ -	\$ 1,543.33
	FAMILY	3	\$ 1,788.77	\$142.35	\$ 25.00	\$ 1,956.12	\$ -	\$ 1,956.12
Blue Shield Access+	HMO							
	SINGLE	1	\$ 881.01	\$142.35	\$ 25.00	\$ 1,048.36	\$ -	\$ 1,048.36
	2-PARTY	2	\$ 1,762.02	\$142.35	\$ 25.00	\$ 1,929.37	\$ -	\$ 1,929.37
	FAMILY	3	\$ 2,290.63	\$142.35	\$ 25.00	\$ 2,457.98	\$ -	\$ 2,457.98
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 798.58	\$142.35	\$ 25.00	\$ 965.93	\$ -	\$ 965.93
	2-PARTY	2	\$ 1,597.16	\$142.35	\$ 25.00	\$ 1,764.51	\$ -	\$ 1,764.51
	FAMILY	3	\$ 2,076.31	\$142.35	\$ 25.00	\$ 2,243.66	\$ -	\$ 2,243.66
PERS Select	PPO 80/20							
	SINGLE	1	\$ 508.68	\$142.35	\$ 25.00	\$ 676.03	\$ -	\$ 676.03
	2-PARTY	2	\$ 1,017.36	\$142.35	\$ 25.00	\$ 1,184.71	\$ -	\$ 1,184.71
	FAMILY	3	\$ 1,322.57	\$142.35	\$ 25.00	\$ 1,489.92	\$ -	\$ 1,489.92
PERSCare	PPO 90/10							
	SINGLE	1	\$ 1,027.99	\$142.35	\$ 25.00	\$ 1,195.34	\$ -	\$ 1,195.34
	2-PARTY	2	\$ 2,055.98	\$142.35	\$ 25.00	\$ 2,223.33	\$ -	\$ 2,223.33
	FAMILY	3	\$ 2,672.77	\$142.35	\$ 25.00	\$ 2,840.12	\$ -	\$ 2,840.12



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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	\$ 946.14	\$142.35	\$ 25.00	\$ 1,113.49	\$ -	\$ 1,113.49
	D20	SELF + 1 DEPENDENT	2	\$ 1,892.28	\$142.35	\$ 25.00	\$ 2,059.63	\$ -	\$ 2,059.63
	F20	SELF + DEPENDENTS	3	\$ 2,459.96	\$142.35	\$ 25.00	\$ 2,627.31	\$ -	\$ 2,627.31
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 1,178.79	\$142.35	\$ 25.00	\$ 1,346.14	\$ -	\$ 1,346.14
	D20	SELF + 1 DEPENDENT	2	\$ 2,357.58	\$142.35	\$ 25.00	\$ 2,524.93	\$ -	\$ 2,524.93
	F20	SELF + DEPENDENTS	3	\$ 3,064.85	\$142.35	\$ 25.00	\$ 3,232.20	\$ -	\$ 3,232.20
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 928.85	\$142.35	\$ 25.00	\$ 1,096.20	\$ -	\$ 1,096.20
	D20	SELF + 1 DEPENDENT	2	\$ 1,857.70	\$142.35	\$ 25.00	\$ 2,025.05	\$ -	\$ 2,025.05
	F20	SELF + DEPENDENTS	3	\$ 2,415.01	\$142.35	\$ 25.00	\$ 2,582.36	\$ -	\$ 2,582.36
Health Net SmartCare									
		SELF	1	N/A	N/A	N/A	\$ -	\$ -	\$ -
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$ -	\$ -	\$ -
		SELF + DEPENDENTS	3	N/A	N/A	N/A	\$ -	\$ -	\$ -
Western Health Advantage									
		SELF	1	\$ 696.68	\$142.35	\$ 25.00	\$ 864.03	\$ -	\$ 864.03
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$ 25.00	\$ 1,560.71	\$ -	\$ 1,560.71
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$ 25.00	\$ 1,978.72	\$ -	\$ 1,978.72

rates are subject to change throughout the year

**revised Vision rates-cvg eff 3/1/15

.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