



**SACRAMENTO
2019 MATRIX**

.5750-.6249

LPPA 60% EMPLOYEES WITH 2016 CAPS

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

									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	\$687.99	\$145.64	\$25.00	\$858.63	\$463.23	\$395.40	\$224.76	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$463.23	\$1,083.39	\$912.75	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$463.23	\$1,496.18	\$1,325.54	\$463.23
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$463.23	\$588.42	\$417.78	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$463.23	\$1,469.43	\$1,298.79	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$463.23	\$1,998.04	\$1,827.40	\$463.23
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$463.23	\$505.99	\$335.35	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$463.23	\$1,304.57	\$1,133.93	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$463.23	\$1,783.72	\$1,613.08	\$463.23
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$463.23	\$216.09	\$45.45	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$463.23	\$724.77	\$554.13	\$463.23
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$463.23	\$1,029.98	\$859.34	\$463.23
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$463.23	\$735.40	\$564.76	\$463.23
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$463.23	\$1,763.39	\$1,592.75	\$463.23
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$463.23	\$2,380.18	\$2,209.54	\$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	\$946.14	\$145.64	\$25.00	\$1,116.78	\$463.23	\$653.55	\$482.91	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$463.23	\$1,599.69	\$1,429.05	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$463.23	\$2,167.37	\$1,996.73	\$463.23
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$463.23	\$886.20	\$715.56	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$463.23	\$2,064.99	\$1,894.35	\$463.23
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$463.23	\$2,772.26	\$2,601.62	\$463.23
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$463.23	\$636.26	\$465.62	\$463.23
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$463.23	\$1,565.11	\$1,394.47	\$463.23
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$463.23	\$2,122.42	\$1,951.78	\$463.23
Health Net SmartCare HMO PLAN											
		SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
Western Health Advantage HMO PLAN											
		SELF	1	\$ 696.68	\$145.64	\$25.00	\$867.32	\$463.23	\$ 404.09	\$233.45	\$463.23
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$463.23	\$ 1,100.77	\$930.13	\$463.23
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$463.23	\$ 1,518.78	\$1,348.14	\$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