



**SACRAMENTO
2019 MATRIX**

.5250-.5749

LPPA 55% 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 | \$687.99 | \$145.64 | \$25.00 | \$858.63 | \$424.63 | \$434.00 | \$263.36 | \$424.63 |
| | D70 | SELF + 1 DEPENDENT | \$1,375.98 | \$145.64 | \$25.00 | \$1,546.62 | \$424.63 | \$1,121.99 | \$951.35 | \$424.63 |
| | F70 | SELF + DEPENDENTS | \$1,788.77 | \$145.64 | \$25.00 | \$1,959.41 | \$424.63 | \$1,534.78 | \$1,364.14 | \$424.63 |
| 32 4010 | | | | | | | | | | |
| BLUE SHIELD ACCESS HMO | | | | | | | | | | |
| BA01 | E70 | SELF | \$881.01 | \$145.64 | \$25.00 | \$1,051.65 | \$424.63 | \$627.02 | \$456.38 | \$424.63 |
| | D70 | SELF + 1 DEPENDENT | \$1,762.02 | \$145.64 | \$25.00 | \$1,932.66 | \$424.63 | \$1,508.03 | \$1,337.39 | \$424.63 |
| | F70 | SELF + DEPENDENTS | \$2,290.63 | \$145.64 | \$25.00 | \$2,461.27 | \$424.63 | \$2,036.64 | \$1,866.00 | \$424.63 |
| 41 4040 | | | | | | | | | | |
| Athem Blue Cross-PERS CHOICE PPO 80/10 | | | | | | | | | | |
| CH01 | E70 | SELF | \$798.58 | \$145.64 | \$25.00 | \$969.22 | \$424.63 | \$544.59 | \$373.95 | \$424.63 |
| | D70 | SELF + 1 DEPENDENT | \$1,597.16 | \$145.64 | \$25.00 | \$1,767.80 | \$424.63 | \$1,343.17 | \$1,172.53 | \$424.63 |
| | F70 | SELF + DEPENDENTS | \$2,076.31 | \$145.64 | \$25.00 | \$2,246.95 | \$424.63 | \$1,822.32 | \$1,651.68 | \$424.63 |
| 42 4050 | | | | | | | | | | |
| PERS SELECT PPO 80/20 | | | | | | | | | | |
| SE01 | E70 | SELF | \$508.68 | \$145.64 | \$25.00 | \$679.32 | \$424.63 | \$254.69 | \$84.05 | \$424.63 |
| | D70 | SELF + 1 DEPENDENT | \$1,017.36 | \$145.64 | \$25.00 | \$1,188.00 | \$424.63 | \$763.37 | \$592.73 | \$424.63 |
| | F70 | SELF + DEPENDENTS | \$1,322.57 | \$145.64 | \$25.00 | \$1,493.21 | \$424.63 | \$1,068.58 | \$897.94 | \$424.63 |
| 43 4060 | | | | | | | | | | |
| PERS CARE PPO 90/10 | | | | | | | | | | |
| CA01 | E70 | SELF | \$1,027.99 | \$145.64 | \$25.00 | \$1,198.63 | \$424.63 | \$774.00 | \$603.36 | \$424.63 |
| | D70 | SELF + 1 DEPENDENT | \$2,055.98 | \$145.64 | \$25.00 | \$2,226.62 | \$424.63 | \$1,801.99 | \$1,631.35 | \$424.63 |
| | F70 | SELF + DEPENDENTS | \$2,672.77 | \$145.64 | \$25.00 | \$2,843.41 | \$424.63 | \$2,418.78 | \$2,248.14 | \$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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|--|------|--------------------|---------|-------------|----------|-------------------|-----------------|-------------------------------|----------------------|----------------------|-------------|
| | | | | | | | | | | | eff 9/30/17 |
| Anthem HMO Select | | | | | | | | | | | |
| AHS1 | E20 | SELF | 1 | \$946.14 | \$145.64 | \$25.00 | \$1,116.78 | \$424.63 | \$692.15 | \$521.51 | \$424.63 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,892.28 | \$145.64 | \$25.00 | \$2,062.92 | \$424.63 | \$1,638.29 | \$1,467.65 | \$424.63 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,459.96 | \$145.64 | \$25.00 | \$2,630.60 | \$424.63 | \$2,205.97 | \$2,035.33 | \$424.63 |
| Anthem HMO Traditional | | | | | | | | | | | |
| AHT1 | E20 | SELF | 1 | \$1,178.79 | \$145.64 | \$25.00 | \$1,349.43 | \$424.63 | \$924.80 | \$754.16 | \$424.63 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$2,357.58 | \$145.64 | \$25.00 | \$2,528.22 | \$424.63 | \$2,103.59 | \$1,932.95 | \$424.63 |
| | F20 | SELF + DEPENDENTS | 3 | \$3,064.85 | \$145.64 | \$25.00 | \$3,235.49 | \$424.63 | \$2,810.86 | \$2,640.22 | \$424.63 |
| United HealthCare HMO PLAN | | | | | | | | | | | |
| UN01 | E20 | SELF | 1 | \$928.85 | \$145.64 | \$25.00 | \$1,099.49 | \$424.63 | \$674.86 | \$504.22 | \$424.63 |
| | D20 | SELF + 1 DEPENDENT | 2 | \$1,857.70 | \$145.64 | \$25.00 | \$2,028.34 | \$424.63 | \$1,603.71 | \$1,433.07 | \$424.63 |
| | F20 | SELF + DEPENDENTS | 3 | \$2,415.01 | \$145.64 | \$25.00 | \$2,585.65 | \$424.63 | \$2,161.02 | \$1,990.38 | \$424.63 |
| 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 | \$424.63 | \$ 442.69 | \$272.05 | \$424.63 |
| | | SELF + 1 DEPENDENT | 2 | \$ 1,393.36 | \$145.64 | \$25.00 | \$1,564.00 | \$424.63 | \$ 1,139.37 | \$968.73 | \$424.63 |
| | | SELF + DEPENDENTS | 3 | \$ 1,811.37 | \$145.64 | \$25.00 | \$1,982.01 | \$424.63 | \$ 1,557.38 | \$1,386.74 | \$424.63 |

rates are subject to change throughout the year

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