

**SACRAMENTO  
2019 MATRIX**

.6250-.6749



**LPPA 65% 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	ER	
									Health Cost	Health Cost	
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$687.99	\$145.64	\$25.00	\$858.63	\$501.83	\$356.80	\$186.16	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$501.83	\$1,044.79	\$874.15	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$501.83	\$1,457.58	\$1,286.94	\$501.83
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$501.83	\$549.82	\$379.18	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$501.83	\$1,430.83	\$1,260.19	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$501.83	\$1,959.44	\$1,788.80	\$501.83
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE PPO 80/20</b>											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$501.83	\$467.39	\$296.75	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$501.83	\$1,265.97	\$1,095.33	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$501.83	\$1,745.12	\$1,574.48	\$501.83
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$501.83	\$177.49	\$6.85	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$501.83	\$686.17	\$515.53	\$501.83
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$501.83	\$991.38	\$820.74	\$501.83
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$501.83	\$696.80	\$526.16	\$501.83
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$501.83	\$1,724.79	\$1,554.15	\$501.83
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$501.83	\$2,341.58	\$2,170.94	\$501.83

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 Health Cost	ER Health Cost
				eff 9/30/17	eff 9-1-15						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$145.64	\$25.00	\$1,116.78	\$501.83	\$614.95	\$444.31	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$501.83	\$1,561.09	\$1,390.45	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$501.83	\$2,128.77	\$1,958.13	\$501.83
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$501.83	\$847.60	\$676.96	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$501.83	\$2,026.39	\$1,855.75	\$501.83
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$501.83	\$2,733.66	\$2,563.02	\$501.83
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$501.83	\$597.66	\$427.02	\$501.83
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$501.83	\$1,526.51	\$1,355.87	\$501.83
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$501.83	\$2,083.82	\$1,913.18	\$501.83
<b>Health Net SmartCare HMO PLAN</b>											
		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
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 696.68	\$145.64	\$25.00	\$867.32	\$501.83	\$ 365.49	\$194.85	\$501.83
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$501.83	\$ 1,062.17	\$891.53	\$501.83
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$501.83	\$ 1,480.18	\$1,309.54	\$501.83

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<b>Basic Premium Rates - SACRAMENTO AREA</b>
El Dorado, Placer, Sacramento and Yolo