



**SACRAMENTO
2019 MATRIX**

.6750-.7249

LPPA 70% 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	\$540.44	\$318.19	\$147.55	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$540.44	\$1,006.18	\$835.54	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$540.44	\$1,418.97	\$1,248.33	\$540.44
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$540.44	\$511.21	\$340.57	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$540.44	\$1,392.22	\$1,221.58	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$540.44	\$1,920.83	\$1,750.19	\$540.44
41 4040											
Athem Blue Cross- CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$540.44	\$428.78	\$258.14	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$540.44	\$1,227.36	\$1,056.72	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$540.44	\$1,706.51	\$1,535.87	\$540.44
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$540.44	\$138.88	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$540.44	\$647.56	\$476.92	\$540.44
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$540.44	\$952.77	\$782.13	\$540.44
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$540.44	\$658.19	\$487.55	\$540.44
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$540.44	\$1,686.18	\$1,515.54	\$540.44
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$540.44	\$2,302.97	\$2,132.33	\$540.44

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	\$540.44	\$576.34	\$405.70	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$540.44	\$1,522.48	\$1,351.84	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$540.44	\$2,090.16	\$1,919.52	\$540.44
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$540.44	\$808.99	\$638.35	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$540.44	\$1,987.78	\$1,817.14	\$540.44
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$540.44	\$2,695.05	\$2,524.41	\$540.44
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$540.44	\$559.05	\$388.41	\$540.44
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$540.44	\$1,487.90	\$1,317.26	\$540.44
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$540.44	\$2,045.21	\$1,874.57	\$540.44
Health Net SmartCare HMO PLAN											
		SELF	1	N/A	N/A	N/A	\$0.00	\$540.44	\$ (540.44)	\$0.00	\$0.00
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$540.44	\$ (540.44)	\$0.00	\$0.00
		SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$540.44	\$ (540.44)	\$0.00	\$0.00
Western Health Advantage HMO PLAN											
		SELF	1	\$ 696.68	\$145.64	\$25.00	\$867.32	\$540.44	\$ 326.88	\$156.24	\$540.44
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$540.44	\$ 1,023.56	\$852.92	\$540.44
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$540.44	\$ 1,441.57	\$1,270.93	\$540.44

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