



**SACRAMENTO
2019 MATRIX**

.7750-.8249

LPPA 80% 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	\$617.64	\$240.99	\$70.35	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$617.64	\$928.98	\$758.34	\$617.64
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$617.64	\$1,341.77	\$1,171.13	\$617.64
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$617.64	\$434.01	\$263.37	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$617.64	\$1,315.02	\$1,144.38	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$617.64	\$1,843.63	\$1,672.99	\$617.64
41 4040											
Athem Blue Cross- CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$617.64	\$351.58	\$180.94	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$617.64	\$1,150.16	\$979.52	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$617.64	\$1,629.31	\$1,458.67	\$617.64
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$617.64	\$61.68	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$617.64	\$570.36	\$399.72	\$617.64
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$617.64	\$875.57	\$704.93	\$617.64
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$617.64	\$580.99	\$410.35	\$617.64
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$617.64	\$1,608.98	\$1,438.34	\$617.64
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$617.64	\$2,225.77	\$2,055.13	\$617.64

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	ER	
									Health Cost	Health Cost	
			eff 9/30/17	eff 9-1-15							
Anthem HMO Select											
AHS1	E20	SELF	1	\$946.14	\$145.64	\$25.00	\$1,116.78	\$617.64	\$499.14	\$328.50	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$617.64	\$1,445.28	\$1,274.64	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$617.64	\$2,012.96	\$1,842.32	\$617.64
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$617.64	\$731.79	\$561.15	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$617.64	\$1,910.58	\$1,739.94	\$617.64
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$617.64	\$2,617.85	\$2,447.21	\$617.64
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$617.64	\$481.85	\$311.21	\$617.64
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$617.64	\$1,410.70	\$1,240.06	\$617.64
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$617.64	\$1,968.01	\$1,797.37	\$617.64
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	\$617.64	\$ 249.68	\$79.04	\$617.64
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$617.64	\$ 946.36	\$775.72	\$617.64
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$617.64	\$ 1,364.37	\$1,193.73	\$617.64

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Basic Premium Rates - SACRAMENTO AREA

El Dorado, Placer, Sacramento and Yolo