



**SACRAMENTO  
2019 MATRIX**

.975-100

**LPPA 100% 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	
				*MANDATORY	*MANDATORY						
				Eff 9-30-17	eff 9-1-15						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$687.99	\$145.64	\$25.00	\$858.63	\$772.05	\$86.58	\$0.00	\$687.99
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$772.05	\$774.57	\$603.93	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$772.05	\$1,187.36	\$1,016.72	\$772.05
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$772.05	\$279.60	\$108.96	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$772.05	\$1,160.61	\$989.97	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$772.05	\$1,689.22	\$1,518.58	\$772.05
<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	\$772.05	\$197.17	\$26.53	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$772.05	\$995.75	\$825.11	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$772.05	\$1,474.90	\$1,304.26	\$772.05
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$772.05	\$0.00	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$772.05	\$415.95	\$245.31	\$772.05
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$772.05	\$721.16	\$550.52	\$772.05
<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	\$772.05	\$426.58	\$255.94	\$772.05
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$772.05	\$1,454.57	\$1,283.93	\$772.05
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$772.05	\$2,071.36	\$1,900.72	\$772.05

*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
				*MANDATORY Eff 9-30-17	*MANDATORY eff 9-1-15					
<b>Anthem HMO Select</b>										
AHS1	E20	SELF	\$946.14	\$145.64	\$25.00	\$1,116.78	\$772.05	\$344.73	\$174.09	\$772.05
	D20	SELF + 1 DEPENDENT	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$772.05	\$1,290.87	\$1,120.23	\$772.05
	F20	SELF + DEPENDENTS	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$772.05	\$1,858.55	\$1,687.91	\$772.05
<b>Anthem HMO Traditional</b>										
AHT1	E20	SELF	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$772.05	\$577.38	\$406.74	\$772.05
	D20	SELF + 1 DEPENDENT	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$772.05	\$1,756.17	\$1,585.53	\$772.05
	F20	SELF + DEPENDENTS	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$772.05	\$2,463.44	\$2,292.80	\$772.05
<b>United HealthCare HMO PLAN</b>										
UN01	E20	SELF	\$928.85	\$145.64	\$25.00	\$1,099.49	\$772.05	\$327.44	\$156.80	\$772.05
	D20	SELF + 1 DEPENDENT	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$772.05	\$1,256.29	\$1,085.65	\$772.05
	F20	SELF + DEPENDENTS	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$772.05	\$1,813.60	\$1,642.96	\$772.05
<b>Health Net SmartCare HMO PLAN</b>										
		SELF	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + 1 DEPENDENT	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + DEPENDENTS	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
<b>Western Health Advantage HMO PLAN</b>										
		SELF	\$ 696.68	\$145.64	\$25.00	\$867.32	\$772.05	\$ 95.27	\$0.00	\$696.68
		SELF + 1 DEPENDENT	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$772.05	\$ 791.95	\$621.31	\$772.05
		SELF + DEPENDENTS	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$772.05	\$ 1,209.96	\$1,039.32	\$772.05

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

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information