



SACRAMENTO

2019 BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

Rates effective with paychecks 12/31/18 to 11/30/19; Insurance Effective on 1/1/19

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP *	EMPLOYEE COST PER MONTH
				Eff 9/30/17	Eff 9/1/15			
KAISER	HMO							
	SINGLE	1	\$ 687.99	\$140.77	\$ 20.00	\$ 848.76	\$ -	\$ 848.76
	2-PARTY	2	\$ 1,375.98	\$140.77	\$ 20.00	\$ 1,536.75	\$ -	\$ 1,536.75
	FAMILY	3	\$ 1,788.77	\$140.77	\$ 20.00	\$ 1,949.54	\$ -	\$ 1,949.54
Blue Shield Access+	HMO							
	SINGLE	1	\$ 881.01	\$140.77	\$ 20.00	\$ 1,041.78	\$ -	\$ 1,041.78
	2-PARTY	2	\$ 1,762.02	\$140.77	\$ 20.00	\$ 1,922.79	\$ -	\$ 1,922.79
	FAMILY	3	\$ 2,290.63	\$140.77	\$ 20.00	\$ 2,451.40	\$ -	\$ 2,451.40
PERS Choice	PPO 80/20							
	SINGLE	1	\$ 798.58	\$140.77	\$ 20.00	\$ 959.35	\$ -	\$ 959.35
	2-PARTY	2	\$ 1,597.16	\$140.77	\$ 20.00	\$ 1,757.93	\$ -	\$ 1,757.93
	FAMILY	3	\$ 2,076.31	\$140.77	\$ 20.00	\$ 2,237.08	\$ -	\$ 2,237.08
PERS Select	PPO 80/20							
	SINGLE	1	\$ 508.68	\$140.77	\$ 20.00	\$ 669.45	\$ -	\$ 669.45
	2-PARTY	2	\$ 1,017.36	\$140.77	\$ 20.00	\$ 1,178.13	\$ -	\$ 1,178.13
	FAMILY	3	\$ 1,322.57	\$140.77	\$ 20.00	\$ 1,483.34	\$ -	\$ 1,483.34
PERSCare	PPO 90/10							
	SINGLE	1	\$ 1,027.99	\$140.77	\$ 20.00	\$ 1,188.76	\$ -	\$ 1,188.76
	2-PARTY	2	\$ 2,055.98	\$140.77	\$ 20.00	\$ 2,216.75	\$ -	\$ 2,216.75
	FAMILY	3	\$ 2,672.77	\$140.77	\$ 20.00	\$ 2,833.54	\$ -	\$ 2,833.54



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MEDICAL PROVIDER		PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
Anthem HMO Select									
AHS1	E20	SELF	1	\$ 946.14	\$140.77	\$ 20.00	\$ 1,106.91		\$ 1,106.91
	D20	SELF + 1 DEPENDENT	2	\$ 1,892.28	\$140.77	\$ 20.00	\$ 2,053.05		\$ 2,053.05
	F20	SELF + DEPENDENTS	3	\$ 2,459.96	\$140.77	\$ 20.00	\$ 2,620.73		\$ 2,620.73
Anthem HMO Traditional									
AHT1	E20	SELF	1	\$ 1,178.79	\$140.77	\$ 20.00	\$ 1,339.56		\$ 1,339.56
	D20	SELF + 1 DEPENDENT	2	\$ 2,357.58	\$140.77	\$ 20.00	\$ 2,518.35		\$ 2,518.35
	F20	SELF + DEPENDENTS	3	\$ 3,064.85	\$140.77	\$ 20.00	\$ 3,225.62		\$ 3,225.62
United HealthCare HMO PLAN									
UN01	E20	SELF	1	\$ 928.85	\$140.77	\$ 20.00	\$ 1,089.62		\$ 1,089.62
	D20	SELF + 1 DEPENDENT	2	\$ 1,857.70	\$140.77	\$ 20.00	\$ 2,018.47		\$ 2,018.47
	F20	SELF + DEPENDENTS	3	\$ 2,415.01	\$140.77	\$ 20.00	\$ 2,575.78		\$ 2,575.78
Health Net SmartCare HMO PLAN									
		SELF	1	N/A	N/A	N/A	\$ -		\$ -
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$ -		\$ -
		SELF + DEPENDENTS	3	N/A	N/A	N/A	\$ -		\$ -
Western Health Advantage HMO PLAN									
		SELF	1	\$ 696.68	\$140.77	\$ 20.00	\$ 857.45		\$ 857.45
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$140.77	\$ 20.00	\$ 1,554.13		\$ 1,554.13
		SELF + DEPENDENTS	3	\$ 1,811.37	\$140.77	\$ 20.00	\$ 1,972.14		\$ 1,972.14

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**

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 and click on Health Plan Information