



**SACRAMENTO
2019 MATRIX**

SUPV 7.5 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.9375

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 1-1-16		Revised CAP 4-30-15				
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$687.99	\$140.77	\$25.00	\$853.76	\$625.81	\$227.95	\$62.18	\$625.81
	D80	SELF + 1 DEPENDENT	2	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$778.13	\$763.62	\$597.85	\$778.13
	F80	SELF + DEPENDENTS	3	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$825.94	\$1,128.60	\$962.83	\$825.94
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$881.01	\$140.77	\$25.00	\$1,046.78	\$624.38	\$422.40	\$256.63	\$624.38
	D80	SELF + 1 DEPENDENT	2	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$778.13	\$1,149.66	\$983.89	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$825.94	\$1,630.46	\$1,464.69	\$825.94
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$798.58	\$140.77	\$25.00	\$964.35	\$613.36	\$350.99	\$185.22	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$778.13	\$984.80	\$819.03	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$825.94	\$1,416.14	\$1,250.37	\$825.94
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$508.68	\$140.77	\$25.00	\$674.45	\$613.36	\$61.09	\$0.00	\$508.68
	D80	SELF + 1 DEPENDENT	2	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$778.13	\$405.00	\$239.23	\$778.13
	F80	SELF + DEPENDENTS	3	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$825.94	\$662.40	\$496.63	\$825.94
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$613.36	\$580.40	\$414.63	\$613.36
	D80	SELF + 1 DEPENDENT	2	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$778.13	\$1,443.62	\$1,277.85	\$778.13
	F80	SELF + DEPENDENTS	3	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$825.94	\$2,012.60	\$1,846.83	\$825.94

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 1-1-16	Revised CAP 4-30-15					
Anthem HMO Select											
AHS1	E20	SELF	1	\$946.14	\$140.77	\$25.00	\$1,111.91	\$613.36	\$498.55	\$332.78	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$778.13	\$1,279.92	\$1,114.15	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$825.94	\$1,799.79	\$1,634.02	\$825.94
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$613.36	\$731.20	\$565.43	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$778.13	\$1,745.22	\$1,579.45	\$778.13
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$825.94	\$2,404.68	\$2,238.91	\$825.94
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$613.36	\$481.26	\$315.49	\$613.36
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$778.13	\$1,245.34	\$1,079.57	\$778.13
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$825.94	\$1,754.84	\$1,589.07	\$825.94
HealthNet SmartCare HMO PLAN											
HN01	E20	SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	D20	SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	F20	SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Western Health Advantage HMO PLAN											
		SELF	1	\$696.68	\$140.77	\$25.00	\$862.45	\$613.36	\$249.09	\$83.32	\$613.36
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$778.13	\$781.00	\$615.23	\$778.13
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$825.94	\$1,151.20	\$985.43	\$825.94

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Basic Premium Rates - SACRAMENTO AREA

El Dorado, Placer, Sacramento and Yolo