



**SACRAMENTO
2019 MATRIX**

SUPV 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

0.625

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
22 4030											
KAISER HMO											
KP01	E80	SELF	1	\$687.99	\$140.77	\$25.00	\$853.76	\$417.21	\$436.55	\$270.78	\$417.21
	D80	SELF + 1 DEPENDENT	2	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$518.75	\$1,023.00	\$857.23	\$518.75
	F80	SELF + DEPENDENTS	3	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$550.63	\$1,403.91	\$1,238.14	\$550.63
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	860	SELF	1	\$881.01	\$140.77	\$25.00	\$1,046.78	\$416.26	\$630.52	\$464.75	\$416.26
	D80	SELF + 1 DEPENDENT	2	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$518.75	\$1,409.04	\$1,243.27	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$550.63	\$1,905.77	\$1,740.00	\$550.63
41 4040											
Athem Blue Cross- PERS CHOICE PPO 80/20											
CH01	E80	SELF	1	\$798.58	\$140.77	\$25.00	\$964.35	\$408.91	\$555.44	\$389.67	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$518.75	\$1,244.18	\$1,078.41	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$550.63	\$1,691.45	\$1,525.68	\$550.63
42 4050											
PERS SELECT PPO 80/20											
SE01	E80	SELF	1	\$508.68	\$140.77	\$25.00	\$674.45	\$408.91	\$265.54	\$99.77	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$518.75	\$664.38	\$498.61	\$518.75
	F80	SELF + DEPENDENTS	3	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$550.63	\$937.71	\$771.94	\$550.63
43 4060											
PERS CARE PPO 90/10											
CA01	E80	SELF	1	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$408.91	\$784.85	\$619.08	\$408.91
	D80	SELF + 1 DEPENDENT	2	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$518.75	\$1,703.00	\$1,537.23	\$518.75
	F80	SELF + DEPENDENTS	3	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$550.63	\$2,287.91	\$2,122.14	\$550.63

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**



**SACRAMENTO
2019 MATRIX**

SUPV 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

									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			
Anthem HMO Select											
AHS1	E20	SELF	1	\$946.14	\$140.77	\$25.00	\$1,111.91	\$408.91	\$703.00	\$537.23	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$518.75	\$1,539.30	\$1,373.53	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$550.63	\$2,075.10	\$1,909.33	\$550.63
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$408.91	\$935.65	\$769.88	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$518.75	\$2,004.60	\$1,838.83	\$518.75
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$550.63	\$2,679.99	\$2,514.22	\$550.63
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$408.91	\$685.71	\$519.94	\$408.91
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$518.75	\$1,504.72	\$1,338.95	\$518.75
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$550.63	\$2,030.15	\$1,864.38	\$550.63
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	\$408.91	\$453.54	\$287.77	\$408.91
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$518.75	\$1,040.38	\$874.61	\$518.75
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$550.63	\$1,426.51	\$1,260.74	\$550.63

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