



**SACRAMENTO  
2019 MATRIX**

**SUPV 5.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.6875

PAYROLL USE  
ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER	
									Health Cost	Health Cost	
<b>22 4030</b>											
<b>KAISER</b>											
<b>HMO</b>											
KP01	E80	SELF	1	\$687.99	\$140.77	\$25.00	\$853.76	\$458.93	\$394.83	\$229.06	\$458.93
	D80	SELF + 1 DEPENDENT	2	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$570.63	\$971.12	\$805.35	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$605.69	\$1,348.85	\$1,183.08	\$605.69
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>											
<b>HMO</b>											
BA01	860	SELF	1	\$881.01	\$140.77	\$25.00	\$1,046.78	\$457.88	\$588.90	\$423.13	\$457.88
	D80	SELF + 1 DEPENDENT	2	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$570.63	\$1,357.16	\$1,191.39	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$605.69	\$1,850.71	\$1,684.94	\$605.69
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE</b>											
<b>PPO 80/20</b>											
CH01	E80	SELF	1	\$798.58	\$140.77	\$25.00	\$964.35	\$449.80	\$514.55	\$348.78	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$570.63	\$1,192.30	\$1,026.53	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$605.69	\$1,636.39	\$1,470.62	\$605.69
<b>42 4050</b>											
<b>PERS SELECT</b>											
<b>PPO 80/20</b>											
SE01	E80	SELF	1	\$508.68	\$140.77	\$25.00	\$674.45	\$449.80	\$224.65	\$58.88	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$570.63	\$612.50	\$446.73	\$570.63
	F80	SELF + DEPENDENTS	3	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$605.69	\$882.65	\$716.88	\$605.69
<b>43 4060</b>											
<b>PERS CARE</b>											
<b>PPO 90/10</b>											
CA01	E80	SELF	1	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$449.80	\$743.96	\$578.19	\$449.80
	D80	SELF + 1 DEPENDENT	2	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$570.63	\$1,651.12	\$1,485.35	\$570.63
	F80	SELF + DEPENDENTS	3	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$605.69	\$2,232.85	\$2,067.08	\$605.69

*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					
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$140.77	\$25.00	\$1,111.91	\$449.80	\$662.11	\$496.34	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$570.63	\$1,487.42	\$1,321.65	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$605.69	\$2,020.04	\$1,854.27	\$605.69
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$449.80	\$894.76	\$728.99	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$570.63	\$1,952.72	\$1,786.95	\$570.63
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$605.69	\$2,624.93	\$2,459.16	\$605.69
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$449.80	\$644.82	\$479.05	\$449.80
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$570.63	\$1,452.84	\$1,287.07	\$570.63
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$605.69	\$1,975.09	\$1,809.32	\$605.69
<b>HealthNet SmartCare HMO PLAN</b>											
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
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$696.68	\$140.77	\$25.00	\$862.45	\$449.80	\$412.65	\$246.88	\$449.80
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$570.63	\$988.50	\$822.73	\$570.63
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$605.69	\$1,371.45	\$1,205.68	\$605.69

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**Basic Premium Rates - SACRAMENTO AREA**

El Dorado, Placer, Sacramento and Yolo