



**SACRAMENTO  
2019 MATRIX**

**SUPV 4.5 HOUR EMPLOYEES WITH 4-30-15 CAPS**

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

0.5625

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				
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E80	SELF	1	\$687.99	\$140.77	\$25.00	\$853.76	\$375.49	\$478.27	\$312.50	\$375.49
	D80	SELF + 1 DEPENDENT	2	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$466.88	\$1,074.87	\$909.10	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$495.56	\$1,458.98	\$1,293.21	\$495.56
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	860	SELF	1	\$881.01	\$140.77	\$25.00	\$1,046.78	\$374.63	\$672.15	\$506.38	\$374.63
	D80	SELF + 1 DEPENDENT	2	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$466.88	\$1,460.91	\$1,295.14	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$495.56	\$1,960.84	\$1,795.07	\$495.56
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E80	SELF	1	\$798.58	\$140.77	\$25.00	\$964.35	\$368.02	\$596.33	\$430.56	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$466.88	\$1,296.05	\$1,130.28	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$495.56	\$1,746.52	\$1,580.75	\$495.56
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E80	SELF	1	\$508.68	\$140.77	\$25.00	\$674.45	\$368.02	\$306.43	\$140.66	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$466.88	\$716.25	\$550.48	\$466.88
	F80	SELF + DEPENDENTS	3	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$495.56	\$992.78	\$827.01	\$495.56
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E80	SELF	1	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$368.02	\$825.74	\$659.97	\$368.02
	D80	SELF + 1 DEPENDENT	2	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$466.88	\$1,754.87	\$1,589.10	\$466.88
	F80	SELF + DEPENDENTS	3	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$495.56	\$2,342.98	\$2,177.21	\$495.56

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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				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	\$368.02	\$743.89	\$578.12	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$466.88	\$1,591.17	\$1,425.40	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$495.56	\$2,130.17	\$1,964.40	\$495.56
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$368.02	\$976.54	\$810.77	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$466.88	\$2,056.47	\$1,890.70	\$466.88
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$495.56	\$2,735.06	\$2,569.29	\$495.56
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$368.02	\$726.60	\$560.83	\$368.02
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$466.88	\$1,556.59	\$1,390.82	\$466.88
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$495.56	\$2,085.22	\$1,919.45	\$495.56
<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	\$368.02	\$494.43	\$328.66	\$368.02
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$466.88	\$1,092.25	\$926.48	\$466.88
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$495.56	\$1,481.58	\$1,315.81	\$495.56

*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