



**SACRAMENTO
2019 MATRIX**

SUPV 4 HOUR EMPLOYEES WITH 4-30-15 CAPS

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

0.5

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	\$687.99	\$140.77	\$25.00	\$853.76	\$333.77	\$519.99	\$354.22	\$333.77
	D80	SELF + 1 DEPENDENT	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$415.00	\$1,126.75	\$960.98	\$415.00
	F80	SELF + DEPENDENTS	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$440.50	\$1,514.04	\$1,348.27	\$440.50
32 4010										
BLUE SHIELD ACCESS HMO										
BA01	860	SELF	\$881.01	\$140.77	\$25.00	\$1,046.78	\$333.01	\$713.77	\$548.00	\$333.01
	D80	SELF + 1 DEPENDENT	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$415.00	\$1,512.79	\$1,347.02	\$415.00
	F80	SELF + DEPENDENTS	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$440.50	\$2,015.90	\$1,850.13	\$440.50
41 4040										
Athem Blue Cross-PERS CHOICE PPO 80/20										
CH01	E80	SELF	\$798.58	\$140.77	\$25.00	\$964.35	\$327.13	\$637.23	\$471.46	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$415.00	\$1,347.93	\$1,182.16	\$415.00
	F80	SELF + DEPENDENTS	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$440.50	\$1,801.58	\$1,635.81	\$440.50
42 4050										
PERS SELECT PPO 80/20										
SE01	E80	SELF	\$508.68	\$140.77	\$25.00	\$674.45	\$327.13	\$347.33	\$181.56	\$327.12
	D80	SELF + 1 DEPENDENT	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$415.00	\$768.13	\$602.36	\$415.00
	F80	SELF + DEPENDENTS	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$440.50	\$1,047.84	\$882.07	\$440.50
43 4060										
PERS CARE PPO 90/10										
CA01	E80	SELF	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$327.13	\$866.64	\$700.87	\$327.12
	D80	SELF + 1 DEPENDENT	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$415.00	\$1,806.75	\$1,640.98	\$415.00
	F80	SELF + DEPENDENTS	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$440.50	\$2,398.04	\$2,232.27	\$440.50

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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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	\$327.13	\$784.79	\$619.02	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$415.00	\$1,643.05	\$1,477.28	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$440.50	\$2,185.23	\$2,019.46	\$440.50
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$327.13	\$1,017.44	\$851.67	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$415.00	\$2,108.35	\$1,942.58	\$415.00
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$440.50	\$2,790.12	\$2,624.35	\$440.50
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$327.13	\$767.50	\$601.73	\$327.12
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$415.00	\$1,608.47	\$1,442.70	\$415.00
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$440.50	\$2,140.28	\$1,974.51	\$440.50
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	\$327.13	\$535.33	\$369.56	\$327.13
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$415.00	\$1,144.13	\$978.36	\$415.00
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$440.50	\$1,536.64	\$1,370.87	\$440.50

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- .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