



**SACRAMENTO  
2019 MATRIX**

**SUPV 8 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
				*MANDATORY	*MANDATORY	Revised CAP 4-30-15					
				eff 9/30/2017	eff 1-1-16						
22 4030											
<b>KAISER</b>		<b>HMO</b>									
KP01	E80	SELF	1	\$687.99	\$140.77	\$25.00	\$853.76	\$667.53	\$186.23	\$20.46	\$667.53
	D80	SELF + 1 DEPENDENT	2	\$1,375.98	\$140.77	\$25.00	\$1,541.75	\$830.00	\$711.75	\$545.98	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,788.77	\$140.77	\$25.00	\$1,954.54	\$881.00	\$1,073.54	\$907.77	\$881.00
32 4010											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	860	SELF	1	\$881.01	\$140.77	\$25.00	\$1,046.78	\$666.01	\$380.77	\$215.00	\$666.01
	D80	SELF + 1 DEPENDENT	2	\$1,762.02	\$140.77	\$25.00	\$1,927.79	\$830.00	\$1,097.79	\$932.02	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,290.63	\$140.77	\$25.00	\$2,456.40	\$881.00	\$1,575.40	\$1,409.63	\$881.00
41 4040											
<b>Athem Blue Cross-CHOICE</b>		<b>PERS</b>									
		<b>PPO 80/20</b>									
CH01	E80	SELF	1	\$798.58	\$140.77	\$25.00	\$964.35	\$654.25	\$310.10	\$144.33	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$1,597.16	\$140.77	\$25.00	\$1,762.93	\$830.00	\$932.93	\$767.16	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,076.31	\$140.77	\$25.00	\$2,242.08	\$881.00	\$1,361.08	\$1,195.31	\$881.00
42 4050											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E80	SELF	1	\$508.68	\$140.77	\$25.00	\$674.45	\$654.25	\$20.20	\$0.00	\$508.68
	D80	SELF + 1 DEPENDENT	2	\$1,017.36	\$140.77	\$25.00	\$1,183.13	\$830.00	\$353.13	\$187.36	\$830.00
	F80	SELF + DEPENDENTS	3	\$1,322.57	\$140.77	\$25.00	\$1,488.34	\$881.00	\$607.34	\$441.57	\$881.00
43 4060											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E80	SELF	1	\$1,027.99	\$140.77	\$25.00	\$1,193.76	\$654.25	\$539.51	\$373.74	\$654.25
	D80	SELF + 1 DEPENDENT	2	\$2,055.98	\$140.77	\$25.00	\$2,221.75	\$830.00	\$1,391.75	\$1,225.98	\$830.00
	F80	SELF + DEPENDENTS	3	\$2,672.77	\$140.77	\$25.00	\$2,838.54	\$881.00	\$1,957.54	\$1,791.77	\$881.00

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 8 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	ER	
									Health Cost	Health Cost	
				*MANDATORY	*MANDATORY	Revised CAP 4-30-15					
				eff 9/30/2017	eff 1-1-16						
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$140.77	\$25.00	\$1,111.91	\$654.25	\$457.66	\$291.89	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$140.77	\$25.00	\$2,058.05	\$830.00	\$1,228.05	\$1,062.28	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$140.77	\$25.00	\$2,625.73	\$881.00	\$1,744.73	\$1,578.96	\$881.00
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$140.77	\$25.00	\$1,344.56	\$654.25	\$690.31	\$524.54	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$140.77	\$25.00	\$2,523.35	\$830.00	\$1,693.35	\$1,527.58	\$830.00
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$140.77	\$25.00	\$3,230.62	\$881.00	\$2,349.62	\$2,183.85	\$881.00
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$140.77	\$25.00	\$1,094.62	\$654.25	\$440.37	\$274.60	\$654.25
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$140.77	\$25.00	\$2,023.47	\$830.00	\$1,193.47	\$1,027.70	\$830.00
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$140.77	\$25.00	\$2,580.78	\$881.00	\$1,699.78	\$1,534.01	\$881.00
<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	\$654.25	\$208.20	\$42.43	\$654.25
		SELF + 1 DEPENDENT	2	\$1,393.36	\$140.77	\$25.00	\$1,559.13	\$830.00	\$729.13	\$563.36	\$830.00
		SELF + DEPENDENTS	3	\$1,811.37	\$140.77	\$25.00	\$1,977.14	\$881.00	\$1,096.14	\$930.37	\$881.00

*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