



**SACRAMENTO
2019 MATRIX**

.8250-.8749

LPPA 85% EMPLOYEES WITH 2016 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 9-1-15						
22 4030											
KAISER HMO											
KP01	E70	SELF	1	\$687.99	\$145.64	\$25.00	\$858.63	\$656.24	\$202.39	\$31.75	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$656.24	\$890.38	\$719.74	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$656.24	\$1,303.17	\$1,132.53	\$656.24
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$656.24	\$395.41	\$224.77	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$656.24	\$1,276.42	\$1,105.78	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$656.24	\$1,805.03	\$1,634.39	\$656.24
41 4040											
Athem Blue Cross-PERS CHOICE PPO 80//20											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$656.24	\$312.98	\$142.34	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$656.24	\$1,111.56	\$940.92	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$656.24	\$1,590.71	\$1,420.07	\$656.24
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$656.24	\$23.08	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$656.24	\$531.76	\$361.12	\$656.24
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$656.24	\$836.97	\$666.33	\$656.24
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$656.24	\$542.39	\$371.75	\$656.24
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$656.24	\$1,570.38	\$1,399.74	\$656.24
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$656.24	\$2,187.17	\$2,016.53	\$656.24

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**

LPPA 85% EMPLOYEES WITH 2016 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
Anthem HMO Select											
AHS1	E20	SELF	1	\$946.14	\$145.64	\$25.00	\$1,116.78	\$656.24	\$460.54	\$289.90	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$656.24	\$1,406.68	\$1,236.04	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$656.24	\$1,974.36	\$1,803.72	\$656.24
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$656.24	\$693.19	\$522.55	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$656.24	\$1,871.98	\$1,701.34	\$656.24
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$656.24	\$2,579.25	\$2,408.61	\$656.24
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$656.24	\$443.25	\$272.61	\$656.24
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$656.24	\$1,372.10	\$1,201.46	\$656.24
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$656.24	\$1,929.41	\$1,758.77	\$656.24
Health Net SmartCare HMO PLAN											
		SELF	1	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + 1 DEPENDENT	2	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + DEPENDENTS	3	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
Western Health Advantage HMO PLAN											
		SELF	1	\$ 696.68	\$145.64	\$25.00	\$867.32	\$656.24	\$ 211.08	\$0.00	\$696.68
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$656.24	\$ 907.76	\$737.12	\$656.24
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$656.24	\$ 1,325.77	\$1,155.13	\$656.24

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