



**SACRAMENTO
2019 MATRIX**

.8750-.9249

LPPA 90% 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	\$694.85	\$163.78	\$0.00	\$687.99
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$694.85	\$851.77	\$681.13	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$694.85	\$1,264.56	\$1,093.92	\$694.85
32 4010											
BLUE SHIELD ACCESS HMO											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$694.85	\$356.80	\$186.16	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$694.85	\$1,237.81	\$1,067.17	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$694.85	\$1,766.42	\$1,595.78	\$694.85
41 4040											
Athem Blue Cross-CHOICE PERS PPO 80/20											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$694.85	\$274.37	\$103.73	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$694.85	\$1,072.95	\$902.31	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$694.85	\$1,552.10	\$1,381.46	\$694.85
42 4050											
PERS SELECT PPO 80/20											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$694.85	\$0.00	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$694.85	\$493.15	\$322.51	\$694.85
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$694.85	\$798.36	\$627.72	\$694.85
43 4060											
PERS CARE PPO 90/10											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$694.85	\$503.78	\$333.14	\$694.85
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$694.85	\$1,531.77	\$1,361.13	\$694.85
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$694.85	\$2,148.56	\$1,977.92	\$694.85

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 Health Cost	ER Health Cost	
				eff 9/30/17	eff 9-1-15						
Anthem HMO Select											
AHS1	E20	SELF	1	\$946.14	\$145.64	\$25.00	\$1,116.78	\$694.85	\$421.93	\$251.29	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$694.85	\$1,368.07	\$1,197.43	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$694.85	\$1,935.75	\$1,765.11	\$694.85
Anthem HMO Traditional											
AHT1	E20	SELF	1	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$694.85	\$654.58	\$483.94	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$694.85	\$1,833.37	\$1,662.73	\$694.85
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$694.85	\$2,540.64	\$2,370.00	\$694.85
United HealthCare HMO PLAN											
UN01	E20	SELF	1	\$928.85	\$145.64	\$25.00	\$1,099.49	\$694.85	\$404.64	\$234.00	\$694.85
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$694.85	\$1,333.49	\$1,162.85	\$694.85
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$694.85	\$1,890.80	\$1,720.16	\$694.85
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	\$694.85	\$ 172.47	\$0.00	\$696.68
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$694.85	\$ 869.15	\$698.51	\$694.85
		SELF + DEPENDENTS	3	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$694.85	\$ 1,287.16	\$1,116.52	\$694.85

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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