



**SACRAMENTO  
2019 MATRIX**

.9250-.9749

**LPPA 95% 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						
<b>22 4030</b>											
<b>KAISER HMO</b>											
KP01	E70	SELF	1	\$687.99	\$145.64	\$25.00	\$858.63	\$733.45	\$125.18	\$0.00	\$687.99
	D70	SELF + 1 DEPENDENT	2	\$1,375.98	\$145.64	\$25.00	\$1,546.62	\$733.45	\$813.17	\$642.53	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,788.77	\$145.64	\$25.00	\$1,959.41	\$733.45	\$1,225.96	\$1,055.32	\$733.45
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS HMO</b>											
BA01	E70	SELF	1	\$881.01	\$145.64	\$25.00	\$1,051.65	\$733.45	\$318.20	\$147.56	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,762.02	\$145.64	\$25.00	\$1,932.66	\$733.45	\$1,199.21	\$1,028.57	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,290.63	\$145.64	\$25.00	\$2,461.27	\$733.45	\$1,727.82	\$1,557.18	\$733.45
<b>41 4040</b>											
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>											
CH01	E70	SELF	1	\$798.58	\$145.64	\$25.00	\$969.22	\$733.45	\$235.77	\$65.13	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$1,597.16	\$145.64	\$25.00	\$1,767.80	\$733.45	\$1,034.35	\$863.71	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,076.31	\$145.64	\$25.00	\$2,246.95	\$733.45	\$1,513.50	\$1,342.86	\$733.45
<b>42 4050</b>											
<b>PERS SELECT PPO 80/20</b>											
SE01	E70	SELF	1	\$508.68	\$145.64	\$25.00	\$679.32	\$733.45	\$0.00	\$0.00	\$508.68
	D70	SELF + 1 DEPENDENT	2	\$1,017.36	\$145.64	\$25.00	\$1,188.00	\$733.45	\$454.55	\$283.91	\$733.45
	F70	SELF + DEPENDENTS	3	\$1,322.57	\$145.64	\$25.00	\$1,493.21	\$733.45	\$759.76	\$589.12	\$733.45
<b>43 4060</b>											
<b>PERS CARE PPO 90/10</b>											
CA01	E70	SELF	1	\$1,027.99	\$145.64	\$25.00	\$1,198.63	\$733.45	\$465.18	\$294.54	\$733.45
	D70	SELF + 1 DEPENDENT	2	\$2,055.98	\$145.64	\$25.00	\$2,226.62	\$733.45	\$1,493.17	\$1,322.53	\$733.45
	F70	SELF + DEPENDENTS	3	\$2,672.77	\$145.64	\$25.00	\$2,843.41	\$733.45	\$2,109.96	\$1,939.32	\$733.45

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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**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE	ER
									Health Cost	Health Cost
<b>eff 9/30/17</b>										
<b>eff 9-1-15</b>										
<b>Anthem HMO Select</b>										
AHS1	E20	SELF	\$946.14	\$145.64	\$25.00	\$1,116.78	\$733.45	\$383.33	\$212.69	\$733.45
	D20	SELF + 1 DEPENDENT	\$1,892.28	\$145.64	\$25.00	\$2,062.92	\$733.45	\$1,329.47	\$1,158.83	\$733.45
	F20	SELF + DEPENDENTS	\$2,459.96	\$145.64	\$25.00	\$2,630.60	\$733.45	\$1,897.15	\$1,726.51	\$733.45
<b>Anthem HMO Traditional</b>										
AHT1	E20	SELF	\$1,178.79	\$145.64	\$25.00	\$1,349.43	\$733.45	\$615.98	\$445.34	\$733.45
	D20	SELF + 1 DEPENDENT	\$2,357.58	\$145.64	\$25.00	\$2,528.22	\$733.45	\$1,794.77	\$1,624.13	\$733.45
	F20	SELF + DEPENDENTS	\$3,064.85	\$145.64	\$25.00	\$3,235.49	\$733.45	\$2,502.04	\$2,331.40	\$733.45
<b>United HealthCare HMO PLAN</b>										
UN01	E20	SELF	\$928.85	\$145.64	\$25.00	\$1,099.49	\$733.45	\$366.04	\$195.40	\$733.45
	D20	SELF + 1 DEPENDENT	\$1,857.70	\$145.64	\$25.00	\$2,028.34	\$733.45	\$1,294.89	\$1,124.25	\$733.45
	F20	SELF + DEPENDENTS	\$2,415.01	\$145.64	\$25.00	\$2,585.65	\$733.45	\$1,852.20	\$1,681.56	\$733.45
<b>Health Net SmartCare HMO PLAN</b>										
		SELF	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + 1 DEPENDENT	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
		SELF + DEPENDENTS	N/A	N/A	N/A	\$0.00	\$0.00	\$ -	\$0.00	\$0.00
<b>Western Health Advantage HMO PLAN</b>										
		SELF	\$ 696.68	\$145.64	\$25.00	\$867.32	\$733.45	\$ 133.87	\$0.00	\$696.68
		SELF + 1 DEPENDENT	\$ 1,393.36	\$145.64	\$25.00	\$1,564.00	\$733.45	\$ 830.55	\$659.91	\$733.45
		SELF + DEPENDENTS	\$ 1,811.37	\$145.64	\$25.00	\$1,982.01	\$733.45	\$ 1,248.56	\$1,077.92	\$733.45

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**Basic Premium Rates - SACRAMENTO AREA**  
El Dorado, Placer, Sacramento and Yolo