



**SACRAMENTO  
2019 MATRIX**

Dental Rates eff 9-30-17

0.975

**LEA 100% EMPLOYEES WITH 2018 CAPS**

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

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**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			applied to Health 1st			
22 4030											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$687.99	\$142.35	\$20.00	\$850.34	\$651.42	\$198.92	\$36.57	\$651.42
	D60	SELF + 1 DEPENDENT	2	\$1,375.98	\$142.35	\$20.00	\$1,538.33	\$1,189.20	\$349.13	\$186.78	\$1,189.20
	F60	SELF + DEPENDENTS	3	\$1,788.77	\$142.35	\$20.00	\$1,951.12	\$1,511.86	\$439.26	\$276.91	\$1,511.86
32 4010											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$881.01	\$142.35	\$20.00	\$1,043.36	\$760.98	\$282.38	\$120.03	\$760.98
	D60	SELF + 1 DEPENDENT	2	\$1,762.02	\$142.35	\$20.00	\$1,924.37	\$1,412.94	\$511.43	\$349.08	\$1,412.94
	F60	SELF + DEPENDENTS	3	\$2,290.63	\$142.35	\$20.00	\$2,452.98	\$1,804.11	\$648.87	\$486.52	\$1,804.11
41 4040											
<b>Athem Blue Cross-PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$798.58	\$142.35	\$20.00	\$960.93	\$689.18	\$271.75	\$109.40	\$689.18
	D60	SELF + 1 DEPENDENT	2	\$1,597.16	\$142.35	\$20.00	\$1,759.51	\$1,269.58	\$489.93	\$327.58	\$1,269.58
	F60	SELF + DEPENDENTS	3	\$2,076.31	\$142.35	\$20.00	\$2,238.66	\$1,617.82	\$620.84	\$458.49	\$1,617.82
42 4050											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$508.68	\$142.35	\$20.00	\$671.03	\$451.55	\$219.48	\$57.13	\$451.55
	D60	SELF + 1 DEPENDENT	2	\$1,017.36	\$142.35	\$20.00	\$1,179.71	\$799.19	\$380.52	\$218.17	\$799.19
	F60	SELF + DEPENDENTS	3	\$1,322.57	\$142.35	\$20.00	\$1,484.92	\$1,007.77	\$477.15	\$314.80	\$1,007.77
43 4060											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$1,027.99	\$142.35	\$20.00	\$1,190.34	\$724.66	\$465.68	\$303.33	\$724.66
	D60	SELF + 1 DEPENDENT	2	\$2,055.98	\$142.35	\$20.00	\$2,218.33	\$1,358.40	\$859.93	\$697.58	\$1,358.40
	F60	SELF + DEPENDENTS	3	\$2,672.77	\$142.35	\$20.00	\$2,835.12	\$1,738.64	\$1,096.48	\$934.13	\$1,738.64

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	PAYROLL USE ONLY		
									Health Cost	ER Health Cost	
				*MANDATORY	*MANDATORY	applied to Health 1st					
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$142.35	\$20.00	\$1,108.49	\$506.83	\$601.66	\$439.31	\$506.83
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$142.35	\$20.00	\$2,054.63	\$930.87	\$1,123.76	\$961.41	\$930.87
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$142.35	\$20.00	\$2,622.31	\$1,185.29	\$1,437.02	\$1,274.67	\$1,185.29
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$142.35	\$20.00	\$1,341.14	\$649.47	\$691.67	\$529.32	\$649.47
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$142.35	\$20.00	\$2,519.93	\$1,216.15	\$1,303.78	\$1,141.43	\$1,216.15
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$142.35	\$20.00	\$3,227.20	\$1,556.16	\$1,671.04	\$1,508.69	\$1,556.16
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$142.35	\$20.00	\$1,091.20	\$671.52	\$419.68	\$257.33	\$671.52
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$142.35	\$20.00	\$2,020.05	\$1,244.35	\$775.70	\$613.35	\$1,244.35
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$142.35	\$20.00	\$2,577.36	\$1,593.84	\$983.52	\$821.17	\$1,593.84
<b>Health Net SmartCare HMO PLAN</b>											
		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
<b>Western Health Advantage HMO PLAN</b>											
		SELF	1	\$ 696.68	\$142.35	\$20.00	\$859.03	\$583.00	\$ 276.03	\$113.68	\$583.00
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$1,104.30	\$ 451.41	\$289.06	\$1,104.30
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$1,417.08	\$ 556.64	\$394.29	\$1,417.08

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

CalPers premiums are by Zip Code - for more information go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and click on Health Plan Information