



**SACRAMENTO  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 50% EMPLOYEES WITH 2018 CAPS**

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

0.5

**PAYROLL USE  
ONLY**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost	
applied to Health 1st											
<b>22 4030</b>											
<b>KAISER</b>		<b>HMO</b>									
KP01	E60	SELF	1	\$687.99	\$142.35	\$20.00	\$850.34	\$325.71	\$524.63	\$362.28	\$325.71
	D60	SELF + 1 DEPENDENT	2	\$1,375.98	\$142.35	\$20.00	\$1,538.33	\$594.60	\$943.73	\$781.38	\$594.60
	F60	SELF + DEPENDENTS	3	\$1,788.77	\$142.35	\$20.00	\$1,951.12	\$755.93	\$1,195.19	\$1,032.84	\$755.93
<b>32 4010</b>											
<b>BLUE SHIELD ACCESS</b>		<b>HMO</b>									
BA01	E60	SELF	1	\$881.01	\$142.35	\$20.00	\$1,043.36	\$380.49	\$662.87	\$500.52	\$380.49
	D60	SELF + 1 DEPENDENT	2	\$1,762.02	\$142.35	\$20.00	\$1,924.37	\$706.47	\$1,217.90	\$1,055.55	\$706.47
	F60	SELF + DEPENDENTS	3	\$2,290.63	\$142.35	\$20.00	\$2,452.98	\$902.06	\$1,550.92	\$1,388.57	\$902.06
<b>41 4040</b>											
<b>Athem Blue Cross- PERS CHOICE</b>		<b>PPO 80/20</b>									
CH01	E60	SELF	1	\$798.58	\$142.35	\$20.00	\$960.93	\$344.59	\$616.34	\$453.99	\$344.59
	D60	SELF + 1 DEPENDENT	2	\$1,597.16	\$142.35	\$20.00	\$1,759.51	\$634.79	\$1,124.72	\$962.37	\$634.79
	F60	SELF + DEPENDENTS	3	\$2,076.31	\$142.35	\$20.00	\$2,238.66	\$808.91	\$1,429.75	\$1,267.40	\$808.91
<b>42 4050</b>											
<b>PERS SELECT</b>		<b>PPO 80/20</b>									
SE01	E60	SELF	1	\$508.68	\$142.35	\$20.00	\$671.03	\$225.78	\$445.25	\$282.90	\$225.78
	D60	SELF + 1 DEPENDENT	2	\$1,017.36	\$142.35	\$20.00	\$1,179.71	\$399.60	\$780.11	\$617.76	\$399.60
	F60	SELF + DEPENDENTS	3	\$1,322.57	\$142.35	\$20.00	\$1,484.92	\$503.89	\$981.03	\$818.68	\$503.89
<b>43 4060</b>											
<b>PERS CARE</b>		<b>PPO 90/10</b>									
CA01	E60	SELF	1	\$1,027.99	\$142.35	\$20.00	\$1,190.34	\$362.33	\$828.01	\$665.66	\$362.33
	D60	SELF + 1 DEPENDENT	2	\$2,055.98	\$142.35	\$20.00	\$2,218.33	\$679.20	\$1,539.13	\$1,376.78	\$679.20
	F60	SELF + DEPENDENTS	3	\$2,672.77	\$142.35	\$20.00	\$2,835.12	\$869.32	\$1,965.80	\$1,803.45	\$869.32

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**

NEW DENTAL RATES EFF 9-30-12

**LEA 50% EMPLOYEES WITH 2018 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	
									applied to Health 1st		
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$142.35	\$20.00	\$1,108.49	\$253.42	\$855.07	\$692.72	\$253.42
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$142.35	\$20.00	\$2,054.63	\$465.44	\$1,589.19	\$1,426.84	\$465.44
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$142.35	\$20.00	\$2,622.31	\$592.65	\$2,029.66	\$1,867.31	\$592.65
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$142.35	\$20.00	\$1,341.14	\$324.74	\$1,016.40	\$854.05	\$324.74
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$142.35	\$20.00	\$2,519.93	\$608.08	\$1,911.85	\$1,749.50	\$608.08
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$142.35	\$20.00	\$3,227.20	\$778.08	\$2,449.12	\$2,286.77	\$778.08
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$142.35	\$20.00	\$1,091.20	\$335.76	\$755.44	\$593.09	\$335.76
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$142.35	\$20.00	\$2,020.05	\$622.18	\$1,397.87	\$1,235.52	\$622.18
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$142.35	\$20.00	\$2,577.36	\$796.92	\$1,780.44	\$1,618.09	\$796.92
<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	\$291.50	\$ 567.53	\$405.18	\$291.50
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$552.15	\$ 1,003.56	\$841.21	\$552.15
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$708.54	\$ 1,265.18	\$1,102.83	\$708.54

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