



**SACRAMENTO  
2019 MATRIX**

Dental Rates eff 9-30-17

**LEA 95% EMPLOYEES WITH 2018 CAPS**

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

0.95

									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 HMO</b>										
KP01	E60	SELF	1	\$687.99	\$142.35	\$20.00	\$850.34	\$618.85	\$231.49	\$69.14 \$618.85
	D60	SELF + 1 DEPENDENT	2	\$1,375.98	\$142.35	\$20.00	\$1,538.33	\$1,129.74	\$408.59	\$246.24 \$1,129.74
	F60	SELF + DEPENDENTS	3	\$1,788.77	\$142.35	\$20.00	\$1,951.12	\$1,436.27	\$514.85	\$352.50 \$1,436.27
<b>32 4010</b>										
<b>BLUE SHIELD ACCESS HMO</b>										
BA01	E60	SELF	1	\$881.01	\$142.35	\$20.00	\$1,043.36	\$722.93	\$320.43	\$158.08 \$722.93
	D60	SELF + 1 DEPENDENT	2	\$1,762.02	\$142.35	\$20.00	\$1,924.37	\$1,342.29	\$582.08	\$419.73 \$1,342.29
	F60	SELF + DEPENDENTS	3	\$2,290.63	\$142.35	\$20.00	\$2,452.98	\$1,713.90	\$739.08	\$576.73 \$1,713.90
<b>41 4040</b>										
<b>Athem Blue Cross-PERS CHOICE PPO 80/20</b>										
CH01	E60	SELF	1	\$798.58	\$142.35	\$20.00	\$960.93	\$654.72	\$306.21	\$143.86 \$654.72
	D60	SELF + 1 DEPENDENT	2	\$1,597.16	\$142.35	\$20.00	\$1,759.51	\$1,206.10	\$553.41	\$391.06 \$1,206.10
	F60	SELF + DEPENDENTS	3	\$2,076.31	\$142.35	\$20.00	\$2,238.66	\$1,536.93	\$701.73	\$539.38 \$1,536.93
<b>42 4050</b>										
<b>PERS SELECT PPO 80/20</b>										
SE01	E60	SELF	1	\$508.68	\$142.35	\$20.00	\$671.03	\$428.97	\$242.06	\$79.71 \$428.97
	D60	SELF + 1 DEPENDENT	2	\$1,017.36	\$142.35	\$20.00	\$1,179.71	\$759.23	\$420.48	\$258.13 \$759.23
	F60	SELF + DEPENDENTS	3	\$1,322.57	\$142.35	\$20.00	\$1,484.92	\$957.38	\$527.54	\$365.19 \$957.38
<b>43 4060</b>										
<b>PERS CARE PPO 90/10</b>										
CA01	E60	SELF	1	\$1,027.99	\$142.35	\$20.00	\$1,190.34	\$688.43	\$501.91	\$339.56 \$688.43
	D60	SELF + 1 DEPENDENT	2	\$2,055.98	\$142.35	\$20.00	\$2,218.33	\$1,290.48	\$927.85	\$765.50 \$1,290.48
	F60	SELF + DEPENDENTS	3	\$2,672.77	\$142.35	\$20.00	\$2,835.12	\$1,651.71	\$1,183.41	\$1,021.06 \$1,651.71

*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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									applied to Health 1st		
<b>Anthem HMO Select</b>											
AHS1	E20	SELF	1	\$946.14	\$142.35	\$20.00	\$1,108.49	\$481.49	\$627.00	\$464.65	\$481.49
	D20	SELF + 1 DEPENDENT	2	\$1,892.28	\$142.35	\$20.00	\$2,054.63	\$884.33	\$1,170.30	\$1,007.95	\$884.33
	F20	SELF + DEPENDENTS	3	\$2,459.96	\$142.35	\$20.00	\$2,622.31	\$1,126.03	\$1,496.28	\$1,333.93	\$1,126.03
<b>Anthem HMO Traditional</b>											
AHT1	E20	SELF	1	\$1,178.79	\$142.35	\$20.00	\$1,341.14	\$617.00	\$724.14	\$561.79	\$617.00
	D20	SELF + 1 DEPENDENT	2	\$2,357.58	\$142.35	\$20.00	\$2,519.93	\$1,155.34	\$1,364.59	\$1,202.24	\$1,155.34
	F20	SELF + DEPENDENTS	3	\$3,064.85	\$142.35	\$20.00	\$3,227.20	\$1,478.35	\$1,748.85	\$1,586.50	\$1,478.35
<b>United HealthCare HMO PLAN</b>											
UN01	E20	SELF	1	\$928.85	\$142.35	\$20.00	\$1,091.20	\$637.94	\$453.26	\$290.91	\$637.94
	D20	SELF + 1 DEPENDENT	2	\$1,857.70	\$142.35	\$20.00	\$2,020.05	\$1,182.13	\$837.92	\$675.57	\$1,182.13
	F20	SELF + DEPENDENTS	3	\$2,415.01	\$142.35	\$20.00	\$2,577.36	\$1,514.15	\$1,063.21	\$900.86	\$1,514.15
<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	\$553.85	\$ 305.18	\$142.83	\$553.85
		SELF + 1 DEPENDENT	2	\$ 1,393.36	\$142.35	\$20.00	\$1,555.71	\$1,049.09	\$ 506.62	\$344.27	\$1,049.09
		SELF + DEPENDENTS	3	\$ 1,811.37	\$142.35	\$20.00	\$1,973.72	\$1,346.23	\$ 627.49	\$465.14	\$1,346.23

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