



DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818 • 916/733-0239 • Fax 916/733-0238

LAY PERSONNEL

May 8, 2019

To: Pastors, Office Managers, Managerial Staff and School Principals

FR: Julianna Aguilera

RE: Anthem EPO – 1139 North State Rate

Due to limited medical insurance options in the North State area, we had proposed a distinct rate structure for this upcoming open enrollment period. Based upon feedback, pastors, principals and office managers expressed concerns with increases in insurance cost sharing posing a financial burden on the parishes, schools and other diocesan entities. We have decided to not impose an increase to the employer share cost and eliminate the north state rate. We will follow one Diocesan wide rate structure. Enclosed is the updated 2019-2020 benefits rate sheet for your review.

If you have any questions or concerns feel free to contact me. I can be reached by phone at 916-733-0282 or by email at jaguilera@scd.org.

Rate Sheet

	Monthly Premium	Employee Premium (30hrs+)	Employee Premium (24hrs - 29hrs)	Employee Premium (20hrs - 23hrs)
Kaiser EPO - 4063				
Employee only	\$615.78	\$85.78	\$218.28	\$297.78
Employee + 1	\$1,224.36	\$424.36	\$624.36	\$744.36
Family	\$1,646.53	\$726.53	\$956.53	\$1,094.53
Kaiser HSA - 4085				
Employee only	\$564.71	\$34.71	\$167.21	\$246.71
Employee + 1	\$1,122.81	\$322.81	\$522.81	\$642.81
Family	\$1,509.96	\$589.96	\$819.96	\$957.96
Anthem PPO - 1119				
Employee only	\$900.32	\$173.32	\$355.07	\$464.12
Employee + 1	\$1,859.33	\$772.33	\$1,044.08	\$1,207.13
Family	\$2,345.41	\$1,089.41	\$1,403.41	\$1,591.81
Anthem HSA - 1129				
Employee only	\$783.12	\$56.12	\$237.87	\$346.92
Employee + 1	\$1,617.29	\$530.29	\$802.04	\$965.09
Family	\$2,040.09	\$784.09	\$1,098.09	\$1,286.49
Anthem EPO - 1139				
Employee only	\$819.24	\$92.24	\$273.99	\$383.04
Employee + 1	\$1,691.88	\$604.88	\$876.63	\$1,039.68
Family	\$2,134.19	\$878.19	\$1,192.19	\$1,380.59
Aetna / Sutter EPO - 2122				
Employee only	\$753.70	\$77.70	\$246.70	\$348.10
Employee + 1	\$1,556.53	\$469.53	\$741.28	\$904.33
Family	\$1,963.46	\$707.46	\$1,021.46	\$1,209.86
VSP Vision				
Employee only	\$5.19	\$0.79	\$1.89	\$2.55
Employee + spouse	\$9.80	\$3.50	\$5.08	\$6.02
Employee + child(ren)	\$10.45	\$3.85	\$5.50	\$6.49
Employee + Family	\$16.36	\$7.66	\$9.84	\$11.14
Delta Dental - High				
Employee only	\$60.34	\$17.34	\$28.09	\$34.54
Employee + spouse	\$108.61	\$50.61	\$65.11	\$73.81
Employee + child(ren)	\$132.74	\$67.74	\$83.99	\$93.74
Employee + Family	\$181.00	\$102.00	\$121.75	\$133.60
Delta Dental - Low				
Employee only	\$48.90	\$5.90	\$16.65	\$23.10
Employee + spouse	\$88.02	\$30.02	\$44.52	\$53.22
Employee + child(ren)	\$107.58	\$42.58	\$58.83	\$68.58
Employee + Family	\$146.70	\$67.70	\$87.45	\$99.30