

2016 VTA Certificated Personnel

**Health Plan Costs
Sacramento Area Region**

(EFFECTIVE JANUARY 1, 2016)

MEDICAL PLAN	EMPLOYEE COST PER MONTH			EMPLOYEE COST PER MONTH		
	Medical Premium	Dental Premium	Vision Premium	Medical Premium	Dental Premium	Vision Premium
		(12 Pay)			(10 Pay)	
BLUE SHIELD (SAC.)						
SUBSCRIBER	160.10	16.28	-	192.11	19.53	-
SUBSCRIBER + 1	1,045.43	16.28	-	1,254.51	19.53	-
SUBSCRIBER + 2	1,576.62	16.28	-	1,891.95	19.53	-
KAISER (SAC.)						
SUBSCRIBER	125.70	16.28	-	150.84	19.53	-
SUBSCRIBER + 1	820.81	16.28	-	984.97	19.53	-
SUBSCRIBER + 2	1,237.88	16.28	-	1,485.45	19.53	-
PERS CHOICE (SAC.)						
SUBSCRIBER	131.57	16.28	-	157.88	19.53	-
SUBSCRIBER + 1	859.15	16.28	-	1,030.98	19.53	-
SUBSCRIBER + 2	1,295.70	16.28	-	1,554.84	19.53	-
PERS CARE (SAC.)						
SUBSCRIBER	146.55	16.28	-	175.86	19.53	-
SUBSCRIBER + 1	956.95	16.28	-	1,148.34	19.53	-
SUBSCRIBER + 2	1,443.19	16.28	-	1,731.82	19.53	-
PERS SELECT (SAC)						
SUBSCRIBER	120.32	16.28	-	144.38	19.53	-
SUBSCRIBER + 1	785.67	16.28	-	942.80	19.53	-
SUBSCRIBER + 2	1,184.88	16.28	-	1,421.85	19.53	-
UNITEDHEALTHCARE (SAC)						
SUBSCRIBER	124.12	16.28	-	148.94	19.53	-
SUBSCRIBER + 1	810.48	16.28	-	972.57	19.53	-
SUBSCRIBER + 2	1,222.30	16.28	-	1,466.75	19.53	-
ANTHEM BLUE CROSS TRADITIONAL (SAC)						
SUBSCRIBER	201.18	16.28	-	241.42	19.53	-
SUBSCRIBER + 1	1,313.72	16.28	-	1,576.47	19.53	-
SUBSCRIBER + 2	1,981.24	16.28	-	2,377.49	19.53	-
HEALTH NET SMART CARE (SAC)						
SUBSCRIBER	135.18	16.28	-	162.22	19.53	-
SUBSCRIBER + 1	882.73	16.28	-	1,059.28	19.53	-
SUBSCRIBER + 2	1,331.26	16.28	-	1,597.51	19.53	-
BLUE SHIELD N. V. (SAC.)						
SUBSCRIBER	162.88	16.28	-	195.46	19.53	-
SUBSCRIBER + 1	1,063.61	16.28	-	1,276.33	19.53	-
SUBSCRIBER + 2	1,604.05	16.28	-	1,924.86	19.53	-
ANTHEM BLUE CROSS SELECT (SAC)						
SUBSCRIBER	163.12	16.28	-	195.75	19.53	-
SUBSCRIBER + 1	1,065.19	16.28	-	1,278.23	19.53	-
SUBSCRIBER + 2	1,606.43	16.28	-	1,927.72	19.53	-
IN LIEU MEMBERS	-	16.28	-	-	19.53	-