

2017 VTA Certificated Personnel

Health Plan ESTIMATED Costs

Sacramento Area Region

These are estimates to help you choose an appropriate plan during open enrollment.
Actual rates will be calculated and distributed in December 2016.

MEDICAL PLAN	EMPLOYEE COST PER MONTH			EMPLOYEE COST PER MONTH		
	Medical Premium	(12 Pay)		Medical Premium	(10 Pay)	
		Dental Premium	Vision Premium		Dental Premium	Vision Premium
BLUE SHIELD (SAC.)						
SUBSCRIBER	170	20	-	204	24	-
SUBSCRIBER + 1	1030	20	-	1236	24	-
SUBSCRIBER + 2	1550	20	-	1860	24	-
KAISER (SAC.)						
SUBSCRIBER	140	20	-	168	24	-
SUBSCRIBER + 1	830	20	-	996	24	-
SUBSCRIBER + 2	1240	20	-	1488	24	-
PERS CHOICE (SAC.)						
SUBSCRIBER	140	20	-	168	24	-
SUBSCRIBER + 1	870	20	-	1044	24	-
SUBSCRIBER + 2	1300	20	-	1560	24	-
PERS CARE (SAC.)						
SUBSCRIBER	160	20	-	192	24	-
SUBSCRIBER + 1	970	20	-	1164	24	-
SUBSCRIBER + 2	1460	20	-	1752	24	-
PERS SELECT (SAC)						
SUBSCRIBER	130	20	-	156	24	-
SUBSCRIBER + 1	770	20	-	924	24	-
SUBSCRIBER + 2	1160	20	-	1392	24	-
UNITEDHEALTHCARE (SAC)						
SUBSCRIBER	150	20	-	180	24	-
SUBSCRIBER + 1	910	20	-	1092	24	-
SUBSCRIBER + 2	1360	20	-	1632	24	-
ANTHEM BLUE CROSS TRADITIONAL (SAC)						
SUBSCRIBER	250	20	-	300	24	-
SUBSCRIBER + 1	1540	20	-	1848	24	-
SUBSCRIBER + 2	2310	20	-	2772	24	-
HEALTH NET SMART CARE (SAC)						
SUBSCRIBER	140	20	-	168	24	-
SUBSCRIBER + 1	810	20	-	972	24	-
SUBSCRIBER + 2	1210	20	-	1452	24	-
ANTHEM BLUE CROSS SELECT (SAC)						
SUBSCRIBER	180	20	-	216	24	-
SUBSCRIBER + 1	1090	20	-	1308	24	-
SUBSCRIBER + 2	1630	20	-	1956	24	-
IN LIEU MEMBERS		20	-		24	-