

2017 VTA Certificated Personnel

Health Plan Costs

Bay Area Region

(EFFECTIVE JANUARY 1, 2017)

<u>MEDICAL PLAN</u>	<u>EMPLOYEE COST PER MONTH</u> (12 Pay)			<u>EMPLOYEE COST PER MONTH</u> (10 Pay)		
	<u>Medical Premium</u>	<u>Dental Premium</u>	<u>Vision Premium</u>	<u>Medical Premium</u>	<u>Dental Premium</u>	<u>Vision Premium</u>
BLUE SHIELD (BAY AREA)						
SUBSCRIBER	174.42	16.33	-	209.30	19.60	-
SUBSCRIBER + 1	1,199.27	16.33	-	1,439.12	19.60	-
SUBSCRIBER + 2	1,814.18	16.33	-	2,177.01	19.60	-
KAISER (BAY AREA)						
SUBSCRIBER	124.82	16.33	-	149.78	19.60	-
SUBSCRIBER + 1	858.21	16.33	-	1,029.85	19.60	-
SUBSCRIBER + 2	1,298.24	16.33	-	1,557.88	19.60	-
PERS CHOICE (BAY AREA)						
SUBSCRIBER	141.31	16.33	-	169.57	19.60	-
SUBSCRIBER + 1	971.61	16.33	-	1,165.93	19.60	-
SUBSCRIBER + 2	1,469.79	16.33	-	1,763.75	19.60	-
PERS CARE (BAY AREA)						
SUBSCRIBER	158.68	16.33	-	190.42	19.60	-
SUBSCRIBER + 1	1,091.07	16.33	-	1,309.29	19.60	-
SUBSCRIBER + 2	1,650.50	16.33	-	1,980.60	19.60	-
PERS SELECT (BAY AREA)						
SUBSCRIBER	125.31	16.33	-	150.37	19.60	-
SUBSCRIBER + 1	861.58	16.33	-	1,033.89	19.60	-
SUBSCRIBER + 2	1,303.34	16.33	-	1,564.00	19.60	-
UNITEDHEALTHCARE (BAY AREA)						
SUBSCRIBER	180.79	16.33	-	216.94	19.60	-
SUBSCRIBER + 1	1,243.05	16.33	-	1,491.66	19.60	-
SUBSCRIBER + 2	1,880.40	16.33	-	2,256.48	19.60	-
ANTHEM BLUE CROSS TRADITIONAL (BAY AREA)						
SUBSCRIBER	168.50	16.33	-	202.20	19.60	-
SUBSCRIBER + 1	1,158.55	16.33	-	1,390.26	19.60	-
SUBSCRIBER + 2	1,752.58	16.33	-	2,103.09	19.60	-
HEALTH NET SMART CARE (BAY AREA)						
SUBSCRIBER	124.80	16.33	-	149.76	19.60	-
SUBSCRIBER + 1	858.09	16.33	-	1,029.71	19.60	-
SUBSCRIBER + 2	1,298.06	16.33	-	1,557.67	19.60	-
ANTHEM BLUE CROSS SELECT (BAY AREA)						
SUBSCRIBER	133.34	16.33	-	160.00	19.60	-
SUBSCRIBER + 1	916.80	16.33	-	1,100.16	19.60	-
SUBSCRIBER + 2	1,386.87	16.33	-	1,664.25	19.60	-
IN LIEU MEMBERS	-	16.33	-	-	19.60	-

2017 VTA Certificated Personnel

Health Plan Costs
Sacramento Area Region

(EFFECTIVE JANUARY 1, 2017)

<u>MEDICAL PLAN</u>	<u>EMPLOYEE COST PER MONTH</u>			<u>EMPLOYEE COST PER MONTH</u>		
		(12 Pay)				(10 Pay)
	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>
	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>
BLUE SHIELD (SAC.)						
SUBSCRIBER	146.26	16.33	-	175.52	19.60	-
SUBSCRIBER + 1	1,005.68	16.33	-	1,206.82	19.60	-
SUBSCRIBER + 2	1,521.33	16.33	-	1,825.60	19.60	-
KAISER (SAC.)						
SUBSCRIBER	117.53	16.33	-	141.03	19.60	-
SUBSCRIBER + 1	808.09	16.33	-	969.70	19.60	-
SUBSCRIBER + 2	1,222.43	16.33	-	1,466.91	19.60	-
PERS CHOICE (SAC.)						
SUBSCRIBER	123.13	16.33	-	147.75	19.60	-
SUBSCRIBER + 1	846.60	16.33	-	1,015.92	19.60	-
SUBSCRIBER + 2	1,280.68	16.33	-	1,536.81	19.60	-
PERS CARE (SAC.)						
SUBSCRIBER	138.26	16.33	-	165.91	19.60	-
SUBSCRIBER + 1	950.66	16.33	-	1,140.79	19.60	-
SUBSCRIBER + 2	1,438.10	16.33	-	1,725.72	19.60	-
PERS SELECT (SAC)						
SUBSCRIBER	109.17	16.33	-	131.01	19.60	-
SUBSCRIBER + 1	750.64	16.33	-	900.77	19.60	-
SUBSCRIBER + 2	1,135.52	16.33	-	1,362.63	19.60	-
UNITEDHEALTHCARE (SAC)						
SUBSCRIBER	128.80	16.33	-	154.56	19.60	-
SUBSCRIBER + 1	885.58	16.33	-	1,062.69	19.60	-
SUBSCRIBER + 2	1,339.65	16.33	-	1,607.58	19.60	-
ANTHEM BLUE CROSS TRADITIONAL (SAC)						
SUBSCRIBER	218.93	16.33	-	262.72	19.60	-
SUBSCRIBER + 1	1,505.34	16.33	-	1,806.41	19.60	-
SUBSCRIBER + 2	2,277.19	16.33	-	2,732.63	19.60	-
HEALTH NET SMART CARE (SAC)						
SUBSCRIBER	114.48	16.33	-	137.38	19.60	-
SUBSCRIBER + 1	787.14	16.33	-	944.57	19.60	-
SUBSCRIBER + 2	1,190.74	16.33	-	1,428.89	19.60	-
ANTHEM BLUE CROSS SELECT (SAC)						
SUBSCRIBER	154.38	16.33	-	185.25	19.60	-
SUBSCRIBER + 1	1,061.46	16.33	-	1,273.75	19.60	-
SUBSCRIBER + 2	1,605.70	16.33	-	1,926.84	19.60	-
IN LIEU MEMBERS	-	16.33	-	-	19.60	-