2017 VTA Certificated Personnel

Health Plan Costs

Bay Area Region

(EFFECTIVE JANUARY 1, 2017)

MEDICAL PLAN	EMPLOYEE COST PER MONTH (12 Pay) Medical Premium	Dental Premium	Vision Premium	EMPLOYEE COST PER MONTH (10 Pay) Medical Premium	Dental Premium	Vision Premium
BLUE SHIELD (BAY AREA)						
SUBSCRIBER	155.79	-	-	186.95	-	-
SUBSCRIBER + 1	1,180.64	-	-	1,416.77	-	-
SUBSCRIBER + 2	1,795.55	-	-	2,154.66	-	-
KAISER (BAY AREA)						
SUBSCRIBER	111.49	-	-	133.78	-	-
SUBSCRIBER + 1	844.88	-	-	1,013.85	-	-
SUBSCRIBER + 2	1,284.91	-	-	1,541.89	-	-
PERS CHOICE (BAY AREA)						
SUBSCRIBER	126.22	-	-	151.46	-	-
SUBSCRIBER + 1	956.52	-	-	1,147.82	-	-
SUBSCRIBER + 2	1,454.70	-	-	1,745.64	-	-
PERS CARE (BAY AREA)						
SUBSCRIBER	141.74	-	-	170.08	-	-
SUBSCRIBER + 1	1,074.13	-	-	1,288.95	-	-
SUBSCRIBER + 2	1,633.56	-	-	1,960.27	-	-
PERS SELECT (BAY AREA)						
SUBSCRIBER	111.92	-	-	134.31	-	-
SUBSCRIBER + 1	848.19	-	-	1,017.83	-	-
SUBSCRIBER + 2	1,289.95	-	-	1,547.94	-	-
UNITEDHEALTHCARE (BAY AREA)						
SUBSCRIBER	161.48	-	-	193.77	-	-
SUBSCRIBER + 1	1,223.74	-	-	1,468.49	-	-
SUBSCRIBER + 2	1,861.09	-	-	2,233.31	-	-
ANTHEM BLUE CROSS TRADITIONAL (BAY AREA)						
SUBSCRIBER	150.50	-	-	180.60	-	-
SUBSCRIBER + 1	1,140.55	-	-	1,368.66	-	-
SUBSCRIBER + 2	1,734.58	-	-	2,081.50	-	-
HEALTH NET SMART CARE (BAY AREA)						
SUBSCRIBER	111.47	-	-	133.76	-	-
SUBSCRIBER + 1	844.76	-	-	1,013.71	-	-
SUBSCRIBER + 2	1,284.73	-	-	1,541.68	-	-
ANTHEM BLUE CROSS SELECT (BAY AREA)						
SUBSCRIBER	119.10	-	-	142.92	-	-
SUBSCRIBER + 1	902.56	-	-	1,083.07	-	-
SUBSCRIBER + 2	1,372.63	-	-	1,647.16	-	-
IN LIEU MEMBERS	-	-	-	-	-	-