2017 VTA Certificated Personnel

Health Plan Costs

Sacramento 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 (SAC.)						
SUBSCRIBER	130.64	-	-	156.77	-	-
SUBSCRIBER + 1	990.06	-	-	1,188.08	-	-
SUBSCRIBER + 2	1,505.71	-	-	1,806.86	-	-
KAISER (SAC.)						
SUBSCRIBER	104.97	-	-	125.97	-	-
SUBSCRIBER + 1	795.53	-	-	954.64	-	-
SUBSCRIBER + 2	1,209.87	-	-	1,451.85	-	-
PERS CHOICE (SAC.)						
SUBSCRIBER	109.98	-	-	131.97	-	-
SUBSCRIBER + 1	833.45	-	-	1,000.14	-	-
SUBSCRIBER + 2	1,267.53	-	-	1,521.03	-	-
PERS CARE (SAC.)						
SUBSCRIBER	123.50	-	-	148.20	-	-
SUBSCRIBER + 1	935.90	-	-	1,123.08	-	-
SUBSCRIBER + 2	1,423.34	-	-	1,708.00	-	-
PERS SELECT (SAC)						
SUBSCRIBER	97.51	-	-	117.01	-	-
SUBSCRIBER + 1	738.98	-	-	886.78	-	-
SUBSCRIBER + 2	1,123.86	-	-	1,348.63	-	-
UNITEDHEALTHCARE (SAC)						
SUBSCRIBER	115.04	-	-	138.05	-	-
SUBSCRIBER + 1	871.82	-	-	1,046.19	-	-
SUBSCRIBER + 2	1,325.89	-	-	1,591.07	-	-
ANTHEM BLUE CROSS TRADITIONAL (SAC)						
SUBSCRIBER	195.55	-	-	234.66	-	-
SUBSCRIBER + 1	1,481.96	-	-	1,778.35	-	-
SUBSCRIBER + 2	2,253.81	-	-	2,704.57	-	-
HEALTH NET SMART CARE (SAC)						
SUBSCRIBER	102.25	-	-	122.70	-	-
SUBSCRIBER + 1	774.91	-	-	929.90	-	-
SUBSCRIBER + 2	1,178.51	-	-	1,414.21	-	-
ANTHEM BLUE CROSS SELECT (SAC)						
SUBSCRIBER	137.89	-	-	165.47	-	-
SUBSCRIBER + 1	1,044.97	-	-	1,253.96	-	-
SUBSCRIBER + 2	1,589.22	-	-	1,907.06	-	-
IN LIEU MEMBERS	-	-	-	-	-	-