

2017 VTA Certificated Personnel						
Health Plan ESTIMATED Costs						
Bay 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.						
EMPLOYEE COST PER MONTH				EMPLOYEE COST PER MONTH		
MEDICAL PLAN	(12 Pay)			(10 Pay)		
	Medical Premium	Dental Premium	Vision Premium	Medical Premium	Dental Premium	Vision Premium
BLUE SHIELD (BAY AREA)						
SUBSCRIBER	200	20	-	250	24	-
SUBSCRIBER + 1	1050	20	-	1260	24	-
SUBSCRIBER + 2	1840	20	-	2208	24	-
KAISER (BAY AREA)						
SUBSCRIBER	150	20	-	180	24	-
SUBSCRIBER + 1	880	20	-	1056	24	-
SUBSCRIBER + 2	1320	20	-	1584	24	-
PERS CHOICE (BAY AREA)						
SUBSCRIBER	170	20	-	204	24	-
SUBSCRIBER + 1	1000	20	-	1200	24	-
SUBSCRIBER + 2	1500	20	-	1800	24	-
PERS CARE (BAY AREA)						
SUBSCRIBER	190	20	-	228	24	-
SUBSCRIBER + 1	1120	20	-	1344	24	-
SUBSCRIBER + 2	1680	20	-	2016	24	-
PERS SELECT (BAY AREA)						
SUBSCRIBER	150	20	-	180	24	-
SUBSCRIBER + 1	880	20	-	1056	24	-
SUBSCRIBER + 2	1330	20	-	1596	24	-
UNITEDHEALTHCARE (BAY AREA)						
SUBSCRIBER	210	20	-	252	24	-
SUBSCRIBER + 1	1270	20	-	1524	24	-
SUBSCRIBER + 2	1910	20	-	2292	24	-
ANTHEM BLUE CROSS TRADITIONAL (BAY AREA)						
SUBSCRIBER	200	20	-	240	24	-
SUBSCRIBER + 1	1190	20	-	1428	24	-
SUBSCRIBER + 2	1780	20	-	2136	24	-
HEALTH NET SMART CARE (BAY AREA)						
SUBSCRIBER	150	20	-	180	24	-
SUBSCRIBER + 1	880	20	-	1056	24	-
SUBSCRIBER + 2	1320	20	-	1584	24	-
ANTHEM BLUE CROSS SELECT (BAY AREA)						
SUBSCRIBER	160	20	-	192	24	-
SUBSCRIBER + 1	940	20	-	1128	24	-
SUBSCRIBER + 2	1410	20	-	1692	24	-
IN LIEU MEMBERS						
		20	-		24	-