



## FY 2021-22 Medical Rates

*For Active Employees living or working within the Kaiser, Sutter Health Plus or WHA service areas.*

	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>Kaiser Plans</b>					
HMO \$25 w/chiro	600559D	\$879	\$1,758	\$1,336	\$2,065
HMO \$25 w/chiro & optical	600559E	\$888	\$1,775	\$1,349	\$2,086
High Ded HMO (2000/2800/4000) w/HSA	602214B	\$617	\$1,230	\$936	\$1,445
<b>Sutter Health Plus</b>					
HMO 25 OV	SHHMO	\$854	\$1,707	\$1,297	\$2,006
High Ded HMO (1500/2800/3000) w/HSA	SHMID	\$615	\$1,226	\$932	\$1,440
High Ded HMO (2500/2800/5000) w/HSA	SHHDP	\$545	\$1,086	\$826	\$1,275
<b>Western Health Advantage</b>					
HMO Premier 25 OV	WHHMO	\$758	\$1,515	\$1,152	\$1,780
High Ded HMO (1800/2800/3600) w/HSA	WHMID	\$574	\$1,145	\$868	\$1,337
High Ded HMO (2800/2800/5600) w/HSA	WHHDP	\$487	\$972	\$737	\$1,133

### Nevada County & Outlying Areas

*For Active Employees living outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas*

	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>Blue Shield of California</b>					
Trio HMO	BSC TRIO	\$756	\$1,512	\$1,156	\$1,776
PPO Savings (2700/2800/5200) w/HSA	BSC 2700	\$691	\$1,382	\$1,057	\$1,623
PPO Savings (4000/4000/8000) w/HSA	BSC 4000	\$633	\$1,264	\$967	\$1,484



**FY 2021-22**  
**Medical Rates**  
**Retirees Under 65**

	SIG Code	Retiree Only	Retiree + Spouse	Retiree + Children	Retiree + Family
<b>Kaiser Plans</b>					
HMO \$25 w/chiro	600559D	\$967	\$1,933	\$1,469	\$2,272
HMO \$25 w/chiro & optical	600559E	\$976	\$1,953	\$1,484	\$2,295
High Ded HMO (2000/2800/4000) w/HSA	602214B	\$678	\$1,353	\$1,029	\$1,589
<b>Sutter Health Plus</b>					
HMO 25 ML41	SHHMO	\$940	\$1,879	\$1,428	\$2,207
High Ded HMO HD19 (1500/2800/3000) w/HSA	SHMID	\$676	\$1,348	\$1,025	\$1,583
High Ded HMO HD18 (2500/2800/5000) w/HSA	SHHDP	\$600	\$1,196	\$909	\$1,404
<b>Western Health Advantage</b>					
HMO Premier 25	WHHMO	\$833	\$1,667	\$1,267	\$1,958
High Ded HMO (1800/2800/3600) w/HSA	WHMID	\$631	\$1,260	\$956	\$1,472
High Ded HMO (2800/2800/5600) w/HSA	WHHDP	\$536	\$1,069	\$811	\$1,248

*Sutter Health Plus & Western Health Advantage HMOs are available to residents of Sacramento, Yolo & Solano Counties and portions of Placer & El Dorado Counties as well as some additional Northern California Counties. Please contact SIG for a complete zip code list.*

**Residents of Nevada County & Outlying Areas**

*For Retirees living outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas*

	SIG Code	Retiree Only	Retiree + Spouse	Retiree + Children	Retiree + Family
<b>Blue Shield of California</b>					
Trio HMO	BSC TRIO	\$831	\$1,662	\$1,271	\$1,953
PPO Savings (2700/2800/5200) w/HSA	BSC 2700	\$760	\$1,520	\$1,163	\$1,785
PPO Savings (4000/4000/8000) w/HSA	BSC 4000	\$696	\$1,390	\$1,064	\$1,632



## FY 2021-22 Medical Rates

### Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65	Retiree + Spouse one O65 & one U65	Retiree + Child(ren)	Retiree + Spouse one O65 & one U65 + Child(ren)
<b>Kaiser Senior Advantage HMO</b>						
HMO \$25 w/chiro	600559D	\$274	\$548	\$1,246	\$779	\$1,586
HMO \$25 w/chiro & optical	600559E	\$276	\$552	\$1,257	\$786	\$1,601
High Deductible HMO	602214B	\$266	\$532	\$944	\$619	\$1,182

*Kaiser Senior Advantage is available to residents of Sacramento County and portions of Placer County as well as other metropolitan California Counties. Please contact SIG for a complete zip code list.*

*Above rates are valid 7/1/21 - 6/30/22*



## CY 2021

### Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65
<b>UnitedHealthcare</b>			
Medicare Advantage PPO & Rx	UHCMA	\$370	\$740

*Above rates are valid 1/1/21 - 12/31/21*



## FY 2021-22 Dental, Vision & Life Rates Schools Insurance Group

*For Active & Retired Employees*

Dental Plans	SIG Code	Composite Rate	Districts with Tiered Dental Rates			
			Subscriber Only	Sub + Spouse	Sub + Children	Sub + Family
Dental I w/50% ortho \$1,000 Max	DEL1X	\$99.00				
Dental I w/50% ortho \$1,500 Max	DEL1A	\$113.50				
Dental I w/50% ortho \$2,000 Max	DEL1B	\$125.75	\$62.50	\$125.00	\$155.00	\$172.00
Dental II w/o ortho \$1,000 Max	DEL2X	\$87.50				
Dental II w/o ortho \$1,500 Max	DEL2A	\$101.00	\$55.75	\$111.50	\$100.00	\$155.75
Dental II w/o ortho \$2,000 Max	DEL2B	\$112.50	\$62.50	\$125.00	\$112.50	\$175.00
Vision Plans	SIG Code	Composite Rate	Districts with Subscriber Only Coverage			
Plan B - no deductible	VSB00	\$22.70	\$9.10			
Plan C - no deductible	VSC00	\$27.40				
Plan C - \$5 deductible	VSC05	\$22.30				
Plan C - \$10 deductible	VSC10	\$20.80	\$9.60			
Life Insurance	SIG Code	Price Per \$1000	Waiver			
Hartford Life & AD&D	HLIFE	\$0.14	\$300.00			
<i>Flat amounts available by district/bargaining group: \$20,000, \$30,000, \$40,000, \$50,000, \$65,000, \$70,000, \$95,000 &amp; \$100,000</i>						