



## FY 2018-19

### 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>					
602214 (\$2000/\$4000) HD w/HSA	2214B	545.45	1,087.64	827.39	1,277.41
35876 (\$10 OV, Rx:\$10/\$25) w/chiro	5876D	905.03	1,810.06	1,375.66	2,126.83
35876 (\$10 OV, Rx: \$10-\$25) w/chiro & optical	5876E	913.47	1,826.95	1,388.48	2,146.67
600559 (\$20 OV, Rx:\$10/\$25) basic	0559B	782.87	1,565.73	1,189.95	1,839.73
600559 (\$20 OV, Rx:\$10/\$25) w/chiro	0559D	785.13	1,570.27	1,193.41	1,845.06
600559 (\$20 OV, Rx:\$10/\$25) w/chiro & optical	0559E	793.02	1,586.04	1,205.40	1,863.60
<b>Sutter Health Plus</b>					
HMO	SHHMO	795.39	1,590.84	1,209.09	1,869.35
High Ded HMO (\$1500/\$3000) w/HSA	SHMID	567.64	1,132.06	861.18	1,329.68
High Ded HMO (\$2500/\$5000) w/HSA	SHHDP	502.91	1,002.61	762.80	1,177.57
<b>Western Health Advantage</b>					
Premier 20 HMO	WHHMO	717.86	1,435.72	1,091.15	1,686.98
Western 1800 HD HMO (\$1800/\$3600) w/HSA	WHMID	537.60	1,071.97	813.13	1,251.58
Western 2800 HD HMO (\$2800/\$5600) w/HSA	WHHDP	462.77	922.27	699.31	1,075.54



**FY 2018-19**

**Medical Rates**

**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	720.64	1,441.24	1,102.54	1,693.46
PPO Savings 2700 (\$2700/\$5200) w/HSA	BSC 2700	641.43	1,281.56	980.70	1,505.61
PPO Savings 4000 (\$4000/\$8000) w/HSA	BSC 4000	587.69	1,172.13	897.44	1,376.69



**FY 2018-19  
Retiree Medical Rates**

**Sutter Health & Western Health Advantage - Retirees Under 65**

	Sutter Health Plus HMOs			Western Health Advantage HMOs		
	SHHMO \$20 OV	SHMID * (1500/3000 Ded)	SHHDP * (2500/5000 Ded)	Premier 20 HMO	Western 1800* (1800/3600 Ded)	Western 2800* (2800/5600 Ded)
<b>Subscriber Under 65 - No Medicare</b>						
Subscriber Only	874.96	624.43	553.83	789.64	591.37	509.04
Subscriber + Spouse (under 65)	1,749.98	1,245.66	1,104.44	1,579.30	1,179.47	1,014.81
Subscriber + Children	1,330.04	947.52	840.19	1,200.26	894.83	769.65
Subscriber + Spouse (under 65) + Child(ren)	2,056.35	1,463.16	1,297.22	1,855.67	1,377.90	1,184.28

*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.*

**Nevada County / Out of Area - Retirees Under 65**

	Blue Shield		
	Trio HMO (Calif Only)	PPO Savings * (2700/5200 Ded)	PPO Savings * (4000/8000 Ded)
<b>Subscriber Under 65 - No Medicare</b>			
Subscriber Only	792.37	705.44	646.13
Subscriber + Spouse (under 65)	1,584.70	1,409.59	1,289.02
Subscriber + Children	1,212.49	1,078.64	986.86
Subscriber + Spouse (under 65) + Child(ren)	1,862.03	1,656.04	1,514.03

\* HSA Compatible High Deductible Plan

**Medicare Retirees  
Rates Effective 1/1/18 - 12/31/18**

	United Healthcare Med Adv PPO	Hartford Medicare Supplement
<b>Subscriber w/Medicare A &amp; B</b>		
Subscriber Only	\$421	\$457
Subscriber + Spouse (over 65, with Med)	\$842	\$914

*After 7/1/17, open enrollment for the above Medicare plans will occur each fall with a January 1st effective date*



**FY 2018-19  
Kaiser Retiree Rates**

**PLAN 35876 (\$10 Office / \$10 Generic Rx / \$25 Brand Rx)**

	<b>w/chiro 35876D</b>	<b>w/opt &amp; chiro 35876E</b>
<b>Subscriber Under 65 w/o Medicare</b>		
Subscriber Only	995.53	1,004.82
Subscriber + Spouse (under 65)	1,991.07	2,009.64
Subscriber + Child(ren)	1,513.22	1,527.33
Subscriber + Spouse (under 65) + Family	2,339.51	2,361.33
Subscriber + Spouse (over 65 with Med)	1,337.72	1,348.87
<b>Subscriber w/Medicare A, B &amp; Senior Advantage</b>		
Subscriber Only	342.19	344.05
Subscriber + Spouse (over 65, with Med)	684.38	688.10
Subscriber + Spouse (under 65)	1,337.72	1,348.87
<b>Subscriber Over 65 without Medicare</b>		
Subscriber Only	N/A	N/A

Kaiser HMO 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 list.



## FY 2018-19 Kaiser Retiree Rates

### PLAN 600559 (\$20 Office / \$10 Generic Rx / \$25 Brand Rx)

	Basic 600559B	w/chiro 600559D	w/opt & chiro 600559E
<b>Subscriber Under 65 w/o Medicare</b>			
Subscriber Only	861.15	863.64	872.33
Subscriber + Spouse (under 65)	1,722.31	1,727.29	1,744.64
Subscriber + Child(ren)	1,308.95	1,312.75	1,325.94
Subscriber + Spouse (under 65) + Family	2,023.71	2,029.57	2,049.96
Subscriber + Spouse (over 65 with Med)	1,173.93	1,178.70	1,189.25
<b>Subscriber w/Medicare A, B &amp; Senior Advantage</b>			
Subscriber Only	312.78	315.06	316.92
Subscriber + Spouse (over 65, with Med)	625.56	630.12	633.84
Subscriber + Spouse (under 65)	1,173.93	1,178.71	1,189.24
Subscriber + Spouse (under 65) + Child(ren)	1,475.33	1,480.99	1,494.55
<b>Subscriber Over 65 without Medicare</b>			
Subscriber Only	N/A	N/A	N/A

Kaiser HMO 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 list.



**FY 2018-19**  
**Kaiser Retiree Rates**  
**PLAN 602214 (High Deductible w/HSA option)**

basic	
602214B	
<b>Subscriber Under 65 w/o Medicare</b>	
Subscriber Only	599.67
Subscriber + Spouse (under 65)	1,196.09
Subscriber + Child(ren)	909.81
Subscriber + Spouse (under 65) + Family	1,404.84
Plan not available to members over age 65	

Kaiser HMO 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 list.



## FY 2018-19 Dental, Vision & Life Rates Schools Insurance Group

*For Active & Retired Employees*

Dental Plans			Districts with Tiered Dental Rates			
			SIG Code	Composite Rate	Subscriber Only	Sub + Spouse
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			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			
<i>* New vision accounts are subject to a 20% surcharge the first year and 10% the second year.</i>						
Life Insurance			SIG Code	Price Per \$1000		
Hartford Life & AD&D			HLIFE	\$0.14		
<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>						