

12-Month Deductions			
		District Pays (up to the	
Medical Plans/Tiers	Full Premium	Kiaser active rate)	Employee Pays
Kaiser HMO			
Employee Only	\$886.10	\$886.10	\$0.00
Employee + 1	\$1,772.20	\$1,772.20	\$0.00
Family	\$2,507.67	\$2,507.67	\$0.00
Kaiser HSA			
Employee Only	\$688.81	\$688.81	\$0.00
Employee + 1	\$1,377.62	\$1,377.62	\$0.00
Family	\$1,949.33	\$1,949.33	\$0.00
Western Health HMO	00 70 51	0.70 ct	
Employee Only	\$872.51	\$872.51	\$0.00
Employee + 1	\$1,739.95	\$1,739.95	\$0.00
Family	\$2,459.91	\$2,459.91	\$0.00
Western Health HSA			
Employee Only	\$622.75	\$622.75	\$0.00
Employee + 1	\$1,241.89	\$1,241.89	\$0.00
Family	\$1,755.75	\$1,755.75	\$0.00
Sutter Health Plus HMO	¢001 50	#001 50	
Employee Only	\$881.50	\$881.50	\$0.00
Employee + 1	\$1,763.20	\$1,763.20	\$0.00
Family	\$2,529.20	\$2,507.67	\$21.53
Sutter Health Plus HSA			
Employee Only	\$634.80	\$634.80	\$0.00
Employee + 1	\$1,269.60	\$1,269.60	\$0.00
Family	\$1,821.20	\$1,821.20	\$0.00
Premier Access Dental	¢(5.25	¢(5.25	
Employee Only	\$65.25	\$65.25	\$0.00
Employee + 1	\$120.97	\$120.97	\$0.00
Family	\$173.95	\$173.95	\$0.00
Delta Dental			
Employee Only	\$56.59	\$56.59	\$0.00
Employee + 1	\$113.17	\$113.17	\$0.00
Family	\$160.14	\$160.14	\$0.00
VSP Vision Plan			
Employee Only	\$5.80	\$5.80	\$0.00
Employee + 1	\$11.59	\$11.59	\$0.00
Family	\$19.31	\$19.31	\$0.00
Sun Life Plan	¢1 10	¢1.10	00 00
Employee Only	\$1.10	\$1.10	\$0.00
Employee + 1	\$1.54	\$1.10	\$0.44
Family	\$1.73	\$1.10	\$0.63

