

12-Month Deductions			
Medical Plans/Tiers	Full Premium	District Pays (up to the Kiaser active rate)	<b>Employee Pays</b>
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
Vaisan USA			
Kaiser HSA Employee Only	\$688.81	\$688.81	\$0.00
Employee + 1	\$1,377.62	\$1,377.62	<u> </u>
Family	\$1,949.33	\$1,949.33	
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Western Health HMO	1		
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
Sutton Hoolth Dlug HMO			
Sutter Health Plus HMO Employee Only	\$881.50	\$881.50	\$0.00
Employee + 1	\$1,763.20	\$1,763.20	\$0.00
Family	\$1,703.20	\$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			
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
VCD V: DI			
VSP Vision Plan Employee Only	\$9.35	\$9.35	\$0.00
Employee + 1	\$9.33	\$9.53	<u> </u>
Family	\$32.55	\$32.55	<u> </u>
Sun Life Plan Employee Only	\$1.10	\$1.10	£0 00
Employee + 1	\$1.10	\$1.10	\$0.00 \$0.44
Final oxee + 1			

