



Employee Health Benefits
2024 Active SEIU/TEAMSTERS Rate Sheet
 January 1, 2024 - December 31, 2024

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (up to the Kaiser active rate)	Employee Pays
Kaiser HMO			
Employee Only	\$892.73	\$892.73	\$0.00
Employee + 1	\$1,785.46	\$1,785.46	\$0.00
Family	\$2,526.42	\$2,526.42	\$0.00
Kaiser HSA			
Employee Only	\$693.96	\$693.96	\$0.00
Employee + 1	\$1,387.92	\$1,387.92	\$0.00
Family	\$1,963.91	\$1,963.91	\$0.00
Western Health HMO			
Employee Only	\$942.06	\$892.73	\$49.33
Employee + 1	\$1,878.64	\$1,785.46	\$93.18
Family	\$2,655.99	\$2,526.42	\$129.57
Western Health HSA			
Employee Only	\$665.76	\$665.76	\$0.00
Employee + 1	\$1,327.65	\$1,327.65	\$0.00
Family	\$1,877.01	\$1,877.01	\$0.00
Sutter Health Plus HMO			
Employee Only	\$916.90	\$892.73	\$24.17
Employee + 1	\$1,833.60	\$1,785.46	\$48.14
Family	\$2,630.20	\$2,526.42	\$103.78
Sutter Health Plus HSA			
Employee Only	\$660.40	\$660.40	\$0.00
Employee + 1	\$1,320.80	\$1,320.80	\$0.00
Family	\$1,894.60	\$1,894.60	\$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
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
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			
Employee Only	\$1.10	\$1.10	\$0.00
Employee + 1	\$1.54	\$1.10	\$0.44
Family	\$1.54	\$1.10	\$0.44