



**FY 2017-18  
Medical Rates  
For Nevada County Districts**

*For Active Employees*

	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	SIG Extension	Txxx00	TxxxS0	Txxx0A	TxxxSA
<b>United Healthcare</b>					
Signature Value HMO	UHHMO	\$1,121	\$2,242	\$1,715	\$2,649
Core Essential EPO (\$2600/\$4500) w/HSA	UHHDHP	\$743	\$1,486	\$1,140	\$1,711
Core Essential EPO (\$5000/\$10000) w/HSA	UHBNZ	\$517	\$1,034	\$795	\$1,193

**Out of Area Medical Plans**

*Available to Residents of Sacramento & Yolo Counties as well as portions of Placer & El Dorado Counties*

	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	SIG Extension	Txxx00	TxxxS0	Txxx0A	TxxxSA
<b>Kaiser Permanente</b>					
602214 (\$2000/\$4000 High Deductible) w/HSA	2214B	\$511	\$1,022	\$778	\$1,201
35876 (\$10 OV, Rx:\$10/\$25) basic	5876B	\$878	\$1,756	\$1,335	\$2,064
35876 (\$10 OV, Rx:\$10/\$25) w/chiro	5876D	\$880	\$1,760	\$1,338	\$2,069
35876 (\$10 OV, Rx: \$10-\$25) w/chiro & opt	5876E	\$889	\$1,778	\$1,351	\$2,088
600559 (\$20 OV, Rx:\$10/\$25) basic	0559B	\$767	\$1,534	\$1,166	\$1,802
600559 (\$20 OV, Rx:\$10/\$25) w/chiro	0559D	\$769	\$1,538	\$1,169	\$1,807
600559 (\$20 OV, Rx:\$10/\$25) w/chiro & optical	0559E	\$777	\$1,554	\$1,181	\$1,825
<b>Sutter Health Plus</b>					
HMO	SHHMO	\$738	\$1,476	\$1,121	\$1,733
High Ded HMO (\$1500/\$3000) w/HSA	SHMID	\$523	\$1,046	\$796	\$1,229
High Ded HMO (\$2500/\$5000) w/HSA	SHHDHP	\$463	\$926	\$705	\$1,089
<b>Western Health Advantage</b>					
Premier 20 HMO	WHHMO	\$694	\$1,388	\$1,054	\$1,630
Western 1800 HMO (\$1800/\$3600) w/HSA	WHMID	\$525	\$1,050	\$797	\$1,227
Western 2800 HMO (\$2800/\$5600) w/HSA	WHHDHP	\$443	\$886	\$673	\$1,035



**FY 2017-18  
Retiree Medical Rates  
Nevada County Districts**

**Early Retirees**

SIG Extension	United Healthcare			
	Signature Value HMO	EPO * (2600/4500 Ded)	EPO * (5000/10000 Ded)	
<b>Subscriber Under 65 - No Medicare</b>				
Subscriber Only	TJxx00	\$1,233	\$817	\$569
Subscriber + Spouse (under 65)	T0xxS0	\$2,466	\$1,634	\$1,138
Subscriber + Children	TJxx0A	\$1,886	\$1,254	\$875
Subscriber + Spouse (under 65) + Child(ren)	T0xxSA	\$2,914	\$1,883	\$1,312

\* HSA Compatible High Deductible Plan

**Early Retirees - Out of Area**

SIG Extension	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	TJxx00	\$812	\$575	\$509	\$763	\$577	\$487
Subscriber + Spouse (under 65)	T0xxS0	\$1,624	\$1,150	\$1,018	\$1,526	\$1,154	\$974
Subscriber + Children	TJxx0A	\$1,233	\$876	\$776	\$1,160	\$877	\$740
Subscriber + Spouse (under 65) + Child(ren)	T0xxSA	\$1,907	\$1,352	\$1,197	\$1,793	\$1,350	\$1,138

*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.*

**Medicare Retirees  
Rates Effective 7/1/17 - 12/31/17**

SIG Extension	United Healthcare Med Adv PPO	Hartford Med Supplement HRTMS	
<b>Subscriber w/Medicare A &amp; B</b>			
Subscriber Only	TS2U00	\$391	\$425
Subscriber + Spouse (over 65, with Med)	T222S0	\$782	\$850

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



**FY 2017-18  
Kaiser Retiree Rates**

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

	<b>SIG Extension</b>	<b>Basic 35876B</b>	<b>w/chiro 35876D</b>	<b>w/opt &amp; chiro 35876E</b>
<b>Subscriber Under 65 w/o Medicare</b>				
Subscriber Only	TJxx00	\$966	\$968	\$978
Subscriber + Spouse (under 65)	T0xxS0	\$1,932	\$1,936	\$1,956
Subscriber + Child(ren)	TJxx0A	\$1,469	\$1,472	\$1,486
Subscriber + Spouse (under 65) + Family	T0xxSA	\$2,270	\$2,276	\$2,297
Subscriber + Spouse (over 65 with Med)	T1RPS0	\$1,297	\$1,301	\$1,313
<b>Subscriber w/Medicare A, B &amp; Senior Advantage</b>				
Subscriber Only	TSRU00	\$331	\$333	\$335
Subscriber + Spouse (over 65, with Med)	T2R2S0	\$662	\$666	\$670
Subscriber + Spouse (under 65)	T1RUS0	\$1,297	\$1,301	\$1,313
<b>Subscriber Over 65 without Medicare</b>				
Subscriber Only	TSx000	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 2017-18  
Kaiser Retiree Rates**

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

	<b>SIG Extension</b>	<b>Basic 600559B</b>	<b>w/chiro 600559D</b>	<b>w/opt &amp; chiro 600559E</b>
<b>Subscriber Under 65 w/o Medicare</b>				
Subscriber Only	TJxx00	\$844	\$846	\$854
Subscriber + Spouse (under 65)	T0xxS0	\$1,688	\$1,692	\$1,708
Subscriber + Child(ren)	TJxx0A	\$1,282	\$1,286	\$1,299
Subscriber + Spouse (under 65) + Family	T0xxSA	\$1,983	\$1,988	\$2,008
Subscriber + Spouse (over 65 with Med)	T1RPS0	\$1,147	\$1,151	\$1,161
<b>Subscriber w/Medicare A, B &amp; Senior Advantage</b>				
Subscriber Only	TSRU00	\$303	\$305	\$307
Subscriber + Spouse (over 65, with Med)	T2R2S0	\$606	\$610	\$614
Subscriber + Spouse (under 65)	T1RUS0	\$1,147	\$1,151	\$1,161
Subscriber + Spouse (under 65) + Child(ren)	T1RUSA	\$1,442	\$1,447	\$1,461
<b>Subscriber Over 65 without Medicare</b>				
Subscriber Only	TSx000	N/A	N/A	N/A

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**FY 2017-18  
Kaiser Retiree Rates**

**PLAN 602214 (High Deductible w/HSA option)**

	<b>SIG Extension</b>	<b>basic 602214B</b>
<b>Subscriber Under 65 w/o Medicare</b>		
Subscriber Only	TJxx00	\$562
Subscriber + Spouse (under 65)	T0xxS0	\$1,124
Subscriber + Child(ren)	TJxx0A	\$856
Subscriber + Spouse (under 65) + Family	T0xxSA	\$1,321
Plan not available to members over age 65		

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## FY 2017-18 Dental & Vision 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	\$94.25				
Dental I w/50% ortho \$1,500 Max	DEL1A	\$108.00				
Dental I w/50% ortho \$2,000 Max	DEL1B	\$119.75	\$59.50	\$119.00	\$147.50	\$163.75
Dental II w/o ortho \$1,000 Max	DEL2X	\$83.25				
Dental II w/o ortho \$1,500 Max	DEL2A	\$96.25	\$53.00	\$106.00	\$95.00	\$148.00
Dental II w/o ortho \$2,000 Max	DEL2B	\$107.00	\$59.50	\$119.00	\$107.00	\$166.50
Vision Plans	SIG Code	Composite Rate	Districts with Subscriber Only Coverage			
Plan B - no deductible	VSB00	\$22.25	\$8.90			
Plan C - no deductible	VSC00	\$26.85				
Plan C - \$5 deductible	VSC05	\$21.85				
Plan C - \$10 deductible	VSC10	\$20.40	\$9.40			
* New vision accounts are subject to a 20% surcharge the first year and 10% the second year.						