



FY 2023-24 Medical Rates

For Active Employees

For Current Employees living or working within the Kaiser, Sutter Health Plus or WHA service areas.

	SIG Code	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Kaiser Permanente					
HMO 25 OV \$10/\$25Rx w/chiro	600559D	\$935	\$1,869	\$1,420	\$2,195
HMO 25 OV \$10/\$25Rx w/chiro & optical	600559E	\$943	\$1,886	\$1,434	\$2,216
High Ded HMO (2000/3000/4000) w/HSA	602214B	\$668	\$1,332	\$1,013	\$1,565
High Ded HMO (3000/3000/6000) w/HSA	607771B	\$575	\$1,146	\$872	\$1,346
Sutter Health Plus					
HMO 25 ML41	SHHMO	\$904	\$1,806	\$1,373	\$2,123
High Ded HMO HD26 (1500/3000/3000) w/HSA	SHMID	\$676	\$1,348	\$1,024	\$1,583
High Ded HMO HD25 (2500/3000/5000) w/HSA	SHHDP	\$599	\$1,194	\$907	\$1,402
Western Health Advantage					
HMO Premier 25	WHHMO	\$780	\$1,559	\$1,185	\$1,832
High Ded HMO (1800/3000/3600) w/HSA	WHMID	\$579	\$1,156	\$879	\$1,357
High Ded HMO (2800/3000/5600) w/HSA	WHHDP	\$503	\$1,003	\$763	\$1,178

Nevada County & Outlying Areas

For Current Employees living or working outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas.

	SIG Code	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Blue Shield of California					
Trio HMO 15	BSC TRIO	\$915	\$1,830	\$1,400	\$2,150
PPO Savings (2700/3000/5200) w/HSA	BSC 2700	\$777	\$1,553	\$1,188	\$1,825
PPO Savings (4400/4400/8800) w/HSA	BSC 4400	\$699	\$1,395	\$1,068	\$1,638



FY 2023-24 Medical Rates *For Retirees Under 65*

	SIG Code	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Kaiser Permanente					
HMO \$25 OV \$10/\$25Rx w/chiro	600559D	\$1,121	\$2,241	\$1,703	\$2,633
HMO \$25 OV \$10/\$25Rx w/chiro & optical	600559E	\$1,132	\$2,263	\$1,720	\$2,658
High Ded HMO (2000/3000/4000) w/HSA	602214B	\$801	\$1,598	\$1,215	\$1,878
High Ded HMO (3000/3000/6000) w/HSA	607771B	\$689	\$1,374	\$1,045	\$1,614
Sutter Health Plus					
HMO 25 ML41	SHHMO	\$1,089	\$2,178	\$1,656	\$2,559
High Ded HMO HD26 (1500/3000/3000) w/HSA	SHMID	\$815	\$1,625	\$1,236	\$1,908
High Ded HMO HD25 (2500/3000/5000) w/HSA	SHHDP	\$722	\$1,441	\$1,096	\$1,692
Western Health Advantage					
HMO Premier 25 OV	WHHMO	\$936	\$1,871	\$1,422	\$2,198
High Ded HMO (1800/3000/3600) w/HSA	WHMID	\$695	\$1,386	\$1,054	\$1,628
High Ded HMO (2800/3000/5600) w/HSA	WHHDP	\$603	\$1,203	\$915	\$1,413

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 & Outlying Areas

For Retirees living outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas.

	SIG Code	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Blue Shield of California					
Trio HMO 15	BSC TRIO	\$1,098	\$2,196	\$1,680	\$2,580
PPO Savings (2700/3000/5200) w/HSA	BSC 2700	\$932	\$1,863	\$1,425	\$2,189
PPO Savings (4400/4400/8800) w/HSA	BSC 4400	\$838	\$1,673	\$1,281	\$1,966



FY 2023-24 Medical Rates

Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65	Retiree + Spouse one O65 & one U65	Retiree + Child(ren)	Retiree + Spouse one O65 one U65 + Child(ren)
Kaiser Permanente						
HMO \$25 OV \$10/\$25Rx w/chiro	600559D	\$226	\$452	\$1,347	\$809	\$1,739
HMO \$25 OV \$10/\$25Rx w/chiro & optical	600559E	\$228	\$456	\$1,359	\$816	\$1,755
High Ded HMO (2000/3000/4000) w/HSA	602214B			\$1,024	\$639	\$1,301
High Ded HMO (3000/3000/6000) w/HSA	607771B			\$912	\$581	\$1,150

Kaiser Senior Advantage 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 zip code list.

Above rates are valid 7/1/23 - 6/30/24

Approved 03/29/23

CY 2023 Approved Medical Rates Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65	Retiree + Spouse or Child, one O65, one U65
UnitedHealthcare				
Medicare Advantage PPO & Rx	UHCMA	\$372	\$744	Add appropriate U65 rate from SHP, WHA or Blue Shield

The UnitedHealthcare service area includes all 50 United States, DC and US territories.

Above rates are valid 1/1/23 - 12/31/23

Approved 10/12/22



FY 2023-24

Dental, Vision & Life Insurance Rates

For Active & Retired Employees

Delta Dental Plans			Districts with Tiered Dental Rates			
SIG Code	Composite Rate	Subscriber Only	Sub + Spouse	Sub + Child(ren)	Sub + Family	
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	
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	
Dental II w/o ortho \$2,000 Max	DEL2B	\$112.50	\$62.50	\$125.00	\$112.50	
Vision Service Plans			Districts with Subscriber Only Vision Coverage			
SIG Code	Composite Rate					
Plan B - \$0 deductible/frames 24 months	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			
Life Insurance			Waiver			
SIG Code	Price Per \$1000					
Hartford Life & AD&D	HLIFE	\$0.14			\$300.00	
<i>Flat amounts available by district/bargaining group: \$20,000, \$30,000, \$40,000, \$50,000, \$65,000, \$70,000 & \$100,000</i>						