

Sacramento City Unified School District

2020 **SCTA** Active Rate Sheet

July 1, 2020 - June 30, 2021

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO Certificated	12-month (Deductions)		
Employee Only	\$708.31	\$708.31	\$0.00
Employee + 1	\$1,416.62	\$1,416.62	\$0.00
Family	\$2,004.52	\$2,004.52	\$0.00
Health Net HMO Certificated	12-month (Deductions)		
Employee Only	\$992.26	\$992.26	\$0.00
Employee + 1	\$1,984.50	\$1,984.50	\$0.00
Family	\$2,808.07	\$2,808.07	\$0.00
Delta Dental	12-month (Deductions)		
Employee Only	\$60.29	\$60.29	\$0.00
Employee + 1	\$120.58	\$120.58	\$0.00
Family	\$170.62	\$170.62	\$0.00
Premier Dental	12-month (Deductions)		
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	\$21.84	\$21.84	\$0.00
Employee +1	\$14.50	\$14.50	\$0.00
Family	\$14.50	\$14.50	\$0.00
Sun Life Plan			
Employee Only	\$1.10	\$1.10	\$0.00
Employee + 1	\$1.54	\$1.10	\$0.44
Family	\$1.63	\$1.10	\$0.63

Please note: If working in a 10 or 11 month position, premiums will be adjusted according to your work calendar