

Sacramento City Unified School District
 2017 **MANAGEMENT/UNREP/CONF/SUPV** Rate Sheet
 January 1, 2017 - December 31, 2017

Medical Plans	Full Premium	District Pays 75% for Employee Only	Employee Pays
Kaiser HMO	12-month (Deductions)		
Employee Only	\$700.26	\$525.20	\$175.06
Employee + 1	\$1,400.51	\$525.20	\$875.31
Family	\$1,981.72	\$525.20	\$1,456.52
Kaiser HSA	12-month (Deductions)		
Employee Only	\$544.23	\$525.20	\$19.03
Employee + 1	\$1,088.47	\$525.20	\$563.27
Family	\$1,540.18	\$525.20	\$1,014.98
Western Health HMO	12-month (Deductions)		
Employee Only	\$725.29	\$525.20	\$200.09
Employee + 1	\$1,442.73	\$525.20	\$917.53
Family	\$2,038.18	\$525.20	\$1,512.98
Western Health HSA	12-month (Deductions)		
Employee Only	\$513.07	\$513.07	\$0.00
Employee + 1	\$1,019.42	\$513.07	\$506.35
Family	\$1,439.71	\$513.07	\$926.64
Sutter Health Plus HMO	12-month (Deductions)		
Employee Only	\$689.67	\$525.20	\$164.47
Employee + 1	\$1,379.49	\$525.20	\$854.29
Family	\$1,978.76	\$525.20	\$1,453.56
Sutter Health Plus HSA	12-month (Deductions)		
Employee Only	\$495.93	\$495.93	\$0.00
Employee + 1	\$991.88	\$495.93	\$495.95
Family	\$1,422.92	\$495.93	\$926.99

Delta Dental	District Pays Employee Only		
Employee Only	\$66.63	\$66.63	\$0.00
Employee + 1	\$133.26	\$66.63	\$66.63
Family	\$188.56	\$66.63	\$121.93
VSP Vision Plan	District Pays Employee Only		
Employee Only	\$10.53	\$10.53	\$0.00
Employee + 1	\$21.06	\$10.53	\$10.53
Family	\$36.67	\$10.53	\$26.14
Sun Life Plan			
Employee Only	\$0.00		\$0.00
Employee + 1	\$0.44		\$0.44
Family	\$0.63		\$0.63

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