## Sacramento City Unified School District

## SCTA Under 65 Surviving Spouse Rate Sheet July 1, 2017- June 30, 2018

Medical Plans	Plan Tier		District	Retiree
		Full Premium	Contribution	Contribution
Kaiser				
	Retiree Only	\$614.83	\$0.00	\$614.83
	Retiree + 1	\$1,229.65	\$0.00	\$1,229.65
	Family	\$1,739.96	\$0.00	\$1,739.96
Health Net				
	Retiree Only	\$556.68	\$0.00	\$556.68
	Retiree + 1	\$1,113.36	\$0.00	\$1,113.36
	Family	\$0.00	\$0.00	\$0.00
Delta Dental		12-month ( Deductions)		
	Retiree Only	\$66.63	\$0.00	\$66.63
	Retiree + 1	\$133.26	\$0.00	\$133.26
	Family	\$188.56	\$0.00	\$188.56
Premier Dental		12-month ( Deductions)		
	Retiree Only	\$27.37	\$0.00	\$27.37
	Retiree + 1	\$49.27	\$0.00	\$49.27
	Family	\$82.10	\$0.00	\$82.10
VSP Vision Plan				
	Retiree Only	\$23.16	\$0.00	\$23.16
	Retiree +1	\$15.37	\$0.00	\$15.37
Farriiy	Family	\$15.37	\$0.00	\$15.37
Sun Life Plan				
	Retiree Only	\$1.40	\$0.00	\$1.40
	Retiree + 1	\$1.88	\$0.00	\$1.88
	Family	\$2.03	\$0.00	\$2.03

<sup>\*\*</sup>Policy \$1,000 for retiree; \$500 for dependent\*\*