Sacramento City Unified School District

2018 **UPE Active** Rate Sheet January 1, 2018 - December 31, 2018

District Pays				
Medical Plans	Full Premium	Employee up to the Kaiser Active Rate. Family 80%	Employee Pays	
Kaiser HMO	12-month (
Employee Only	\$743.07	\$743.07	\$0.00	
Employee + 1	\$1,486.14	\$1,337.53	\$148.61	
Family	\$2,102.89	\$1,830.93	\$271.96	
Kaiser HSA	12-month (
Employee Only	\$577.33	\$577.33	\$0.00	
Employee + 1	\$1,154.66	\$1,039.28	\$115.38	
Family	\$1,633.85	\$1,422.63	\$211.22	
Western Health HMO	12-month (Deductions)			
Employee Only	\$754.13	\$743.07	\$11.06	
Employee + 1	\$1,503.87	\$1,342.87	\$161.00	
Family	\$2,126.17	\$1,840.71	\$285.46	
Western Health HSA	12-month (
Employee Only	\$532.30	\$532.30	\$0.00	
Employee + 1	\$1,061.50	\$955.66	\$101.27	
Family	\$1,500.75	\$1,307.06	\$185.32	
Sutter Health Plus HMO	12-month (Deductions)			
Employee Only	\$724.38	\$724.38	\$0.00	
Employee + 1	\$1,448.93	\$1,304.02	\$144.91	
Family	\$2,078.65	\$1,807.80	\$270.85	
Sutter Health Plus HSA	12-month (Deductions)			
Employee Only	\$520.73	\$520.73	\$0.00	
Employee + 1	\$1,041.48	\$937.33	\$104.15	
Family	\$1,494.07	\$1,299.41	\$194.66	

Delta Dental	12-month (Deductions)		
Employee Only	66.63	\$66.63	\$0.00
Employee + 1	\$133.26	\$133.26	\$0.00
Family	\$188.56	\$188.56	\$0.00
VSP Vision Plan			
Employee Only	\$10.53	\$10.53	\$0.00
Employee + 1	\$21.06	\$21.06	\$0.00
Family	\$36.67	\$36.67	\$0.00
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