## Sacramento City Unified School District 2021 Active **MANAGEMENT/UNREP/CONF/SUPV** Rate Sheet January 1, 2021 - December 31, 2021

Medical Plans	Full Premium	District Pays 100% Kaiser Rate for Employee and 50% Kaiser Family Rate	Employee Pays
Kaiser HMO		(Deductions)	
Employee Only	\$870.84	\$870.84	\$0.00
Employee + 1	\$1,741.68	\$1,306.26	\$435.42
Family	\$2,464.48	\$1,667.66	\$796.82
Kaiser HSA	12-month (	(Deductions)	¢0.00
Employee Only	\$676.91	\$676.91	\$0.00
Employee + 1	\$1,353.82	\$1,015.37	\$338.45
Family	\$1,915.64	\$1,296.28	\$619.36
Western Health HMO	12-month (	Deductions)	
Employee Only	\$855.83	\$855.83	\$0.00
Employee + 1	\$1,706.68	\$1,281.26	\$425.42
Family	\$2,412.89	\$1,634.36	\$778.53
Western Health HSA		(Deductions)	φ770.00
Employee Only	\$604.08	\$604.08	\$0.00
Employee + 1	\$1,204.65	\$904.37	\$300.28
Family	\$1,703.12	\$1,153.60	\$549.52
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Sutter Health Plus HMO	12-month (	Deductions)	
Employee Only	\$816.20	\$816.20	\$0.00
Employee + 1	\$1,632.50	\$1,224.35	\$408.15
Family	\$2,341.80	\$1,579.00	\$762.80
Sutter Health Plus HSA	12-month (	Deductions)	
Employee Only	\$587.40	\$587.40	\$0.00
Employee + 1	\$1,174.80	\$881.10	\$293.70
Family	\$1,685.30	\$1,136.35	\$548.95
Delta Dental	12 month (	Deductions)	
Employee Only	\$60.15	\$60.15	\$0.00
Employee + 1	\$120.29	\$60.15	\$60.14
Family	\$120.29	\$60.15	\$110.06
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VSP Vision Plan	12-month (	Deductions)	
Employee Only	\$9.93	\$9.93	\$0.00
Employee + 1	\$19.86	\$9.93	\$9.93
Family	\$34.58	\$9.93	\$24.65
Sun Life Plan	12 month (	Deductions)	
	\$13.75		\$0.00
Employee Only		\$13.75 \$13.75	
Employee + 1	\$14.19	\$13.75 \$12.75	\$0.44 \$0.43
Family	\$14.38	\$13.75	\$0.63

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