Sacramento City Unified School District

2021 **UPE Active** Rate Sheet

January 1, 2021 - December 31, 2021

Medical Plans	Full Premium	District Pays 100% Kaiser Employee Only Rate and 80% Kaiser Family Rate	Employee Pays
Kaiser HMO	**12-month (Deductions)**		
Employee Only	$870.84	$870.84	$0.00
Employee + 1	$1,741.68	$1,567.61	$174.07
Family	$2,464.48	$2,145.75	$318.73
Kaiser HSA	**12-month (Deductions)**		
Employee Only	$676.91	$676.91	$0.00
Employee + 1	$1,353.82	$1,218.44	$135.38
Family	$1,915.64	$1,667.89	$247.75
Western Health HMO	**12-month (Deductions)**		
Employee Only	$855.83	$855.83	$0.00
Employee + 1	$1,706.68	$1,536.51	$170.17
Family	$2,412.89	$2,101.48	$311.41
Western Health HSA	**12-month (Deductions)**		
Employee Only	$604.08	$604.08	$0.00
Employee + 1	$1,204.65	$1,084.54	$120.11
Family	$1,703.12	$1,483.31	$219.81
Sutter Health Plus HMO	**12-month (Deductions)**		
Employee Only	$816.20	$816.20	$0.00
Employee + 1	$1,632.50	$1,469.24	$163.26
Family	$2,341.80	$2,036.68	$305.12
Sutter Health Plus HSA	**12-month (Deductions)**		
Employee Only	$587.40	$587.40	$0.00
Employee + 1	$1,174.80	$1,057.32	$117.48
Family	$1,685.30	$1,465.72	$219.58
Delta Dental	**12-month (Deductions)**		
Employee Only	60.15	$60.15	$0.00
Employee + 1	$120.29	$120.29	$0.00
Family	$170.21	$170.21	$0.00
VSP Vision Plan	**12-month (Deductions)**		
Employee Only	$9.93	$9.93	$0.00
Employee + 1	$19.86	$19.86	$0.00
Family	$34.58	$34.58	$0.00
Sun Life Plan	**12-month (Deductions)**		
Employee Only	$13.75	13.75	$0.00
Employee + 1	$14.19	13.75	$0.44
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