

Sacramento City Unified School District

2018 **SCTA** Active Rate Sheet

July 1, 2018 - June 30, 2019

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO Certificated	12-month (Deductions)		
Employee Only	\$607.58	\$607.58	\$0.00
Employee + 1	\$1,251.16	\$1,251.16	\$0.00
Family	\$1,719.46	\$1,719.46	\$0.00
Health Net HMO Certificated	12-month (Deductions)		
Employee Only	\$986.54	\$986.54	\$0.00
Employee + 1	\$1,973.06	\$1,973.06	\$0.00
Family	\$2,791.89	\$2,791.89	\$0.00
Delta Dental	12-month (Deductions)		
Employee Only	\$66.79	\$66.79	\$0.00
Employee + 1	\$133.58	\$133.58	\$0.00
Family	\$189.01	\$189.01	\$0.00
Premier Dental	12-month (Deductions)		
Employee Only	\$65.25	\$65.25	\$0.00
Employee + 1	\$120.97	\$120.97	\$0.00
Family	\$173.95	\$173.95	\$0.00
VSP Vision Plan			
Employee Only	\$23.16	\$23.16	\$0.00
Employee +1	\$15.37	\$15.37	\$0.00
Family	\$15.37	\$15.37	\$0.00
Sun Life Plan			
Employee Only		\$0.00	\$0.00
Employee + 1		\$0.00	\$0.44
Family		\$0.00	\$0.63

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