

Sacramento City Unified School District

2018 **SCTA Under 65** Rate Sheet

July 1, 2018 - June 30, 2019

Medical Plans	Full Premium	District Pays	Retiree Pays
Kaiser HMO Certificated			
Retiree Only	\$607.58	\$607.58	\$0.00
Retiree + 1	\$1,215.16	\$607.58	\$607.58
Family	\$1,719.46	\$607.58	\$1,111.88
Health Net HMO Certificated	12-month (Deductions)		
Retiree Only	\$986.54	\$986.54	\$0.00
Retiree + 1	\$1,973.06	\$986.54	\$986.52
Family	\$2,791.89	\$986.54	\$1,805.35
Delta Dental	12-month (Deductions)		
Retiree Only	\$60.50	\$0.00	\$60.50
Retiree + 1	\$120.58	\$0.00	\$120.58
Family	\$170.62	\$0.00	\$170.62
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			
Employee Only	\$21.84	\$0.00	\$21.84
Employee +1	\$14.50	\$0.00	\$14.50
Family	\$14.50	\$0.00	\$14.50
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

Policy \$1,000 for retiree; \$500 for dependent

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