Sacramento City Unified School District

2020 **SCTA** Under 65 Rate Sheet

July 1, 2020 - June 30, 2021

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO Certificated			
Employee Only	$708.31	$708.31	$0.00
Employee + 1	$1,416.62	$708.31	$708.31
Family	$2,004.52	$708.31	$1,296.21
Health Net HMO Certificated			
Employee Only	$992.26	$992.26	$0.00
Employee + 1	$1,984.50	$992.26	$992.24
Family	$2,808.07	$992.26	$1,815.81
Delta Dental			
Employee Only	$60.15	$0.00	$60.15
Employee + 1	$120.29	$0.00	$120.29
Family	$170.21	$0.00	$170.21
Premier Dental			
Employee Only	$27.37	$0.00	$27.37
Employee + 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			
Employee Only	$1.80	$0.00	$1.80
Employee + 1	$2.24	$0.00	$2.24
Family	$2.43	$0.00	$2.43

**Life Insurance Policy $1,000 for retiree; $500 for dependent