

Sacramento City Unified School District

2021 **SCTA** Under 65 Rate Sheet

July 1, 2021 - June 30, 2022 REVISED Delta Dental/VSP

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO Certificated	12-month (Deductions)		
Employee Only	\$672.97	\$672.97	\$0.00
Employee + 1	\$1,345.94	\$672.97	\$672.97
Family	\$1,904.52	\$672.97	\$1,231.55
Health Net HMO Certificated	12-month (Deductions)		
Employee Only	\$1,030.46	\$1,030.46	\$0.00
Employee + 1	\$2,060.90	\$1,030.46	\$1,030.44
Family	\$2,916.18	\$1,030.46	\$1,885.72
Delta Dental	12-month (Deductions)		
Employee Only	\$58.90	\$0.00	\$58.90
Employee + 1	\$117.79	\$0.00	\$117.79
Family	\$166.67	\$0.00	\$166.67
Premier Dental	12-month (Deductions)		
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	\$20.56	\$0.00	\$20.56
Employee +1	\$13.65	\$0.00	\$13.65
Family	\$13.65	\$0.00	\$13.65
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