Sacramento City Unified School District

2017 **MANAGEMENT/UNREP/CONF/SUPV** Rate Sheet

January 1, 2017 - December 31, 2017

Medical Plans	Full Premium	District Pays 75% for Employee Only	Employee Pays
Kaiser HMO	**12-month (Deductions)**		
Employee Only	$700.26	$525.20	$175.06
Employee + 1	$1,400.51	$525.20	$875.31
Family	$1,981.72	$525.20	$1,456.52
Kaiser HSA	**12-month (Deductions)**		
Employee Only	$544.23	$525.20	$19.03
Employee + 1	$1,088.47	$525.20	$563.27
Family	$1,540.18	$525.20	$1,014.98
Western Health HMO	**12-month (Deductions)**		
Employee Only	$725.29	$525.20	$200.09
Employee + 1	$1,442.73	$525.20	$917.53
Family	$2,038.18	$525.20	$1,512.98
Western Health HSA	**12-month (Deductions)**		
Employee Only	$513.07	$513.07	$0.00
Employee + 1	$1,019.42	$525.20	$494.22
Family	$1,439.71	$525.20	$914.51
Sutter Health Plus HMO	**12-month (Deductions)**		
Employee Only	$689.67	$525.20	$164.47
Employee + 1	$1,379.49	$525.20	$854.29
Family	$1,978.76	$525.20	$1,453.56
Sutter Health Plus HSA	**12-month (Deductions)**		
Employee Only	$495.93	$495.93	$0.00
Employee + 1	$991.88	$525.20	$466.68
Family	$1,422.92	$525.20	$897.72

Delta Dental	**District Pays Employee Only**		
Employee Only	$66.63	$66.63	$0.00
Employee + 1	$133.26	$66.63	$66.63
Family	$188.56	$66.63	$121.93
VSP Vision Plan	**District Pays Employee Only**		
Employee Only	$10.53	$10.53	$0.00
Employee + 1	$21.06	$10.53	$10.53
Family	$36.67	$10.53	$26.14
Sun Life Plan			
Employee Only	$0.00		$0.00
Employee + 1	$0.44		$0.44
Family	$0.63		$0.63

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