Sacramento City Unified School District

Employee Health Benefits

2026 Active UnRep Management/Conf/Supv/UPE/TCS

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (up to the Kaiser active rate)	Employee Pays
Kaiser HMO			
Employee Only	$1,033.42	$1,033.42	**$0.00**
Employee + 1	$2,066.84	$2,066.84	**$0.00**
Family	$2,924.58	$2,924.58	**$0.00**
Kaiser HSA			
Employee Only	$852.57	$852.57	**$0.00**
Employee + 1	$1,705.14	$1,705.14	**$0.00**
Family	$2,412.77	$2,412.77	**$0.00**
Western Health HMO			
Employee Only	$1,028.87	$1,028.87	**$0.00**
Employee + 1	$2,051.76	$2,051.76	**$0.00**
Family	$2,900.75	$2,900.75	**$0.00**
Western Health HSA			
Employee Only	$722.83	$722.83	**$0.00**
Employee + 1	$1,441.46	$1,441.46	**$0.00**
Family	$2,037.91	$2,037.91	**$0.00**
Sutter Health Plus HMO			
Employee Only	$1,041.90	$1,033.42	**$8.48**
Employee + 1	$2,084.00	$2,066.84	**$17.16**
Family	$2,989.40	$2,924.58	**$64.82**
Sutter Health Plus HSA			
Employee Only	$754.50	$754.50	**$0.00**
Employee + 1	$1,509.00	$1,509.00	**$0.00**
Family	$2,164.60	$2,164.60	**$0.00**
Delta Dental			
Employee Only	$56.59	$56.59	**$0.00**
Employee + 1	$113.17	$113.17	**$0.00**
Family	$160.14	$160.14	**$0.00**
Premier Access Dental			
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	$9.35	$9.35	**$0.00**
Employee + 1	$18.70	$18.70	**$0.00**
Family	$32.55	$32.55	**$0.00**
Sun Life Plan			
Employee Only	$13.75	$13.75	**$0.00**
Employee + 1	$14.19	$13.75	**$0.44**
Family	$14.38	$13.75	**$0.63**

Sacramento City Unified School District

Employee Health Benefits

2026 UnRep Management/Supervisor/Confidential/UPE/TCS Early Retiree Rates

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	$1,033.42	$1,033.42	**$0.00**
Retiree + 1	$2,066.84	$1,033.42	**$1,033.42**
Family	$2,924.58	$1,033.42	**$1,891.16**
Kaiser HSA			
Retiree Only	$852.57	$852.57	**$0.00**
Retiree + 1	$1,705.14	$852.57	**$852.57**
Family	$2,412.77	$852.57	**$1,560.20**
Western Health HMO			
Retiree Only	$1,028.87	$1,028.87	**$0.00**
Retiree + 1	$2,051.76	$1,028.87	**$1,022.89**
Family	$2,900.75	$1,028.87	**$1,871.88**
Western Health HSA			
Retiree Only	$722.83	$722.83	**$0.00**
Retiree + 1	$1,441.46	$722.83	**$718.63**
Family	$2,037.91	$722.83	**$1,315.08**
Sutter Health Plus HMO			
Retiree Only	$1,041.90	$1,041.90	**$0.00**
Retiree + 1	$2,084.00	$1,041.90	**$1,042.10**
Family	$2,989.40	$1,041.90	**$1,947.50**
Sutter Health Plus HSA			
Retiree Only	$754.50	$754.50	**$0.00**
Retiree + 1	$1,509.00	$754.50	**$754.50**
Family	$2,164.60	$754.50	**$1,410.10**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$9.35	$0.00	**$9.35**
Retiree + 1	$18.70	$0.00	**$18.70**
Family	$32.55	$0.00	**$32.55**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

Sacramento City Unified School District

Employee Health Benefits

2026 UnRep Management/Supervisor/Confidential/UPE/TCS

Over 65 Retiree Rates (Hired before 11/15/1996)

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage			
Retiree Only	$377.76	$377.76	**$0.00**
Retiree + 1	$755.52	$377.76	**$377.76**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$9.35	$0.00	**$9.35**
Retiree + 1	$18.70	$0.00	**$18.70**
Family	$32.55	$0.00	**$32.55**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

****All Futuris/Health Compare Plan Members: $1,033.42 monthly contribution to your Navia HRA****

Sacramento City Unified School District

Employee Health Benefits
2026 Active SCTA Rate Sheet
January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO			
Employee Only	$1,033.42	$1,033.42	**$0.00**
Employee + 1	$2,066.84	$2,066.84	**$0.00**
Family	$2,924.58	$2,924.58	**$0.00**
Health Net HMO			
Employee Only	$1,394.51	$1,394.51	**$0.00**
Employee + 1	$2,789.01	$2,789.01	**$0.00**
Family	$3,946.45	$3,946.45	**$0.00**
Premier Access Dental			
Employee Only	$65.25	$65.25	**$0.00**
Employee + 1	$120.97	$120.97	**$0.00**
Family	$173.95	$173.95	**$0.00**
Delta Dental			
Employee Only	$56.72	$56.72	**$0.00**
Employee + 1	$113.44	$113.44	**$0.00**
Family	$160.52	$160.52	**$0.00**
VSP Vision Plan			
Employee Only	$20.56	$20.56	**$0.00**
Family	$13.65	$13.65	**$0.00**
Sun Life Plan			
Employee Only	$1.10	$1.10	**$0.00**
Employee + 1	$1.54	$1.10	**$0.44**
Family	$1.73	$1.10	**$0.63**

Sacramento City Unified School District

Employee Health Benefits

2026 SCTA Early Retiree Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	$1,033.42	$1,033.42	**$0.00**
Retiree + 1	$2,066.84	$1,033.42	**$1,033.42**
Family	$2,924.58	$1,033.42	**$1,891.16**
Health Net HMO			
Retiree Only	$1,394.51	$1,394.51	**$0.00**
Retiree + 1	$2,789.01	$1,394.51	**$1,394.50**
Family	$3,946.45	$1,394.51	**$2,551.94**
Premier Access Dental			
Retiree Only	$27.37	$0.00	**$27.37**
Retiree + 1	$49.27	$0.00	**$49.27**
Family	$82.10	$0.00	**$82.10**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$20.56	$0.00	**$20.56**
Retiree + 1	$13.65	$0.00	**$13.65**
Family	$13.65	$0.00	**$13.65**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

Sacramento City Unified School District

Employee Health Benefits

2026 SCTA Over 65 Retiree Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage			
Retiree Only	$377.76	$377.76	**$0.00**
Retiree + 1	$755.52	$377.76	**$377.76**
Health Net Seniority Plus			
Retiree Only	$470.68	$470.68	**$0.00**
Retiree + 1	$941.36	$470.68	**$470.68**
Premier Access Dental			
Retiree Only	$27.37	$0.00	**$27.37**
Retiree + 1	$49.27	$0.00	**$49.27**
Family	$82.10	$0.00	**$82.10**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$20.56	$0.00	**$20.56**
Family	$13.65	$0.00	**$13.65**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

Sacramento City Unified School District

Employee Health Benefits

2026 Active SEIU/TEAMSTERS Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (up to the Kiaser active rate)	Employee Pays
Kaiser HMO			
Employee Only	$1,033.42	$1,033.42	**$0.00**
Employee + 1	$2,066.84	$2,066.84	**$0.00**
Family	$2,924.58	$2,924.58	**$0.00**
Kaiser HSA			
Employee Only	$852.57	$852.57	**$0.00**
Employee + 1	$1,705.14	$1,705.14	**$0.00**
Family	$2,412.77	$2,412.77	**$0.00**
Western Health HMO			
Employee Only	$1,028.87	$1,028.87	**$0.00**
Employee + 1	$2,051.76	$2,051.76	**$0.00**
Family	$2,900.75	$2,900.75	**$0.00**
Western Health HSA			
Employee Only	$722.83	$722.83	**$0.00**
Employee + 1	$1,441.46	$1,441.46	**$0.00**
Family	$2,037.91	$2,037.91	**$0.00**
Sutter Health Plus HMO			
Employee Only	$1,041.90	$1,033.42	**$8.48**
Employee + 1	$2,084.00	$2,066.84	**$17.16**
Family	$2,989.40	$2,924.58	**$64.82**
Sutter Health Plus HSA			
Employee Only	$754.50	$754.50	**$0.00**
Employee + 1	$1,509.00	$1,509.00	**$0.00**
Family	$2,164.60	$2,164.60	**$0.00**
Delta Dental			
Employee Only	$56.59	$56.59	**$0.00**
Employee + 1	$113.17	$113.17	**$0.00**
Family	$160.14	$160.14	**$0.00**
Premier Access Dental			
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	$5.80	$5.80	**$0.00**
Employee + 1	$11.59	$11.59	**$0.00**
Family	$19.31	$19.31	**$0.00**
Sun Life Plan			
Employee Only	$1.10	$1.10	**$0.00**
Employee + 1	$1.54	$1.10	**$0.44**
Family	$1.73	$1.10	**$0.63**

Sacramento City Unified School District

Employee Health Benefits

2026 SEIU/TEAMSTERS Early Retiree Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	$1,033.42	$1,033.42	**$0.00**
Retiree + 1	$2,066.84	$1,033.42	**$1,033.42**
Family	$2,924.58	$1,033.42	**$1,891.16**
Kaiser HSA			
Retiree Only	$852.57	$852.57	**$0.00**
Retiree + 1	$1,705.14	$852.57	**$852.57**
Family	$2,412.77	$852.57	**$1,560.20**
Western Health HMO			
Retiree Only	$1,028.87	$1,028.87	**$0.00**
Retiree + 1	$2,051.76	$1,028.87	**$1,022.89**
Family	$2,900.75	$1,028.87	**$1,871.88**
Western Health HSA			
Retiree Only	$722.83	$722.83	**$0.00**
Retiree + 1	$1,441.46	$722.83	**$718.63**
Family	$2,037.91	$722.83	**$1,315.08**
Sutter Health Plus HMO			
Retiree Only	$1,041.90	$1,041.90	**$0.00**
Retiree + 1	$2,084.00	$1,041.90	**$1,042.10**
Family	$2,989.40	$1,041.90	**$1,947.50**
Sutter Health Plus HSA			
Retiree Only	$754.50	$754.50	**$0.00**
Retiree + 1	$1,509.00	$754.50	**$754.50**
Family	$2,164.60	$754.50	**$1,410.10**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$5.80	$0.00	**$5.80**
Retiree + 1	$11.59	$0.00	**$11.59**
Family	$19.31	$0.00	**$19.31**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

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Sacramento City Unified School District

Employee Health Benefits

2026 SEIU/Teamsters Early Retiree 50% Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (up to 50% of the Kaiser active rate)	Retiree Pays
Kaiser HMO			
Retiree Only	$1,033.42	$516.71	**$516.71**
Retiree + 1	$2,066.84	$516.71	**$1,550.13**
Family	$2,924.58	$516.71	**$2,407.87**
Kaiser HSA			
Retiree Only	$852.57	$426.29	**$426.28**
Retiree + 1	$1,705.14	$426.29	**$1,278.85**
Family	$2,412.77	$426.29	**$1,986.48**
Western Health HMO			
Retiree Only	$1,028.87	$514.44	**$514.43**
Retiree + 1	$2,051.76	$514.44	**$1,537.32**
Family	$2,900.75	$514.44	**$2,386.31**
Western Health HSA			
Retiree Only	$722.83	$361.42	**$361.41**
Retiree + 1	$1,441.46	$361.42	**$1,080.04**
Family	$2,037.91	$361.42	**$1,676.49**
Sutter Health Plus HMO			
Retiree Only	$1,041.90	$520.95	**$520.95**
Retiree + 1	$2,084.00	$520.95	**$1,563.05**
Family	$2,989.40	$520.95	**$2,468.45**
Sutter Health Plus HSA			
Retiree Only	$754.50	$377.25	**$377.25**
Retiree + 1	$1,509.00	$377.25	**$1,131.75**
Family	$2,164.60	$377.25	**$1,787.35**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$5.80	$0.00	**$5.80**
Retiree + 1	$11.59	$0.00	**$11.59**
Family	$19.31	$0.00	**$19.31**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

Sacramento City Unified School District

Employee Health Benefits

2026 SEIU/Teamsters Over 65 Retiree Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser Senior Advantage HMO			
Retiree Only	$377.76	$377.76	**$0.00**
Retiree + 1	$755.52	$377.76	**$377.76**
Delta Dental			
Retiree Only	$56.59	$0.00	**$56.59**
Retiree + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Retiree Only	$5.80	$0.00	**$5.80**
Retiree + 1	$11.59	$0.00	**$11.59**
Family	$19.31	$0.00	**$19.31**
Sun Life Plan			
Retiree Only	$1.80	$0.00	**$1.80**
Retiree + 1	$2.28	$0.00	**$2.28**

****All Futuris /Health Compare Plan Members: The rate sheet reflects contribution to your Navia HRA**

Sacramento City Unified School District

Employee Health Benefits

2026 SEIU/TEAMSTERS Over 65 Retiree 50% Rate Sheet

January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage HMO			
Employee Only	$377.76	$188.88	**$188.88**
Employee + 1	$755.52	$188.88	**$566.64**
Delta Dental			
Employee Only	$56.59	$0.00	**$56.59**
Employee + 1	$113.17	$0.00	**$113.17**
Family	$160.14	$0.00	**$160.14**
VSP Vision Plan			
Employee Only	$5.80	$0.00	**$5.80**
Employee + 1	$11.59	$0.00	**$11.59**
Family	$19.31	$0.00	**$19.31**
Sun Life Plan			
Employee Only	$1.80	$0.00	**$1.80**
Employee + 1	$2.28	$0.00	**$2.28**

****All Futuris /Health Compare Plan Members: The rate sheet reflects contribution to your Navia HRA**