

Santa Clara Unified School District		
JANUARY 1, 2020 - DECEMBER 31, 2020		
CERTIFICATED MONTHLY RATE SCHEDULE		
DENTAL AND VISION		
Employee Status	Dental	Vision - VSP
District Monthly Rate		
50.00%	*\$80.00	\$8.50
60.00%	*90.00	10.20
70.00%	*100.00	11.90
80.00%	*110.00	13.60
Full-Time	\$130.00	\$17.00
Employee Monthly Rate		
Part-Time		
50% FTE		
Single	50.00	8.50
Two-Party	50.00	8.50
Family	50.00	8.50
60% FTE		
Single	40.00	6.80
Two-Party	40.00	6.80
Family	40.00	6.80
70% FTE		
Single	30.00	5.10
Two-Party	30.00	5.10
Family	30.00	5.10
80% FTE		
Single	20.00	3.40
Two-Party	20.00	3.40
Family	20.00	3.40
Full-Time - Composite	\$0.00	\$0.00
Less than 12 month employees, summer-extra rules apply.		
For COBRA add 2% fee to the premium rates.		
Contact : Kathy Wallace 408-423-2129 or Christina Contreras 408-423-2133		