

<b>Santa Clara Unified School District</b>			
<b>JANUARY 1, 2020 - DECEMBER 31, 2020</b>			
<b>CLASSIFIED MONTHLY RATE SCHEDULE</b>			
<b>DENTAL AND VISION</b>			
<b>Employee Status</b>	<b>Dental</b>	<b>Vision - VSP</b>	<b>Life Insurance</b>
<b>District Monthly Rate</b>			
53.33% - 4.0 Hrs	*\$83.30	\$9.06	\$1.47
60.00% - 4.5 Hrs	*90.00	10.20	1.65
66.67% - 5.0 Hrs	*96.70	11.34	1.83
73.33% - 5.5 Hrs	*103.30	12.47	2.02
80.00% - 6.0 Hrs	*110.00	13.60	2.20
<b>Full-Time - Composite</b>	<b>\$130.00</b>	<b>\$17.00</b>	<b>\$2.75</b>
<b>Employee Monthly Rate</b>			
<b>Part-Time</b>			
<b>4.0 Hours - 53.33% FTE</b>			
Single	46.70	7.94	1.29
Two-Party	46.70	7.94	1.29
Family	46.70	7.94	1.29
<b>4.5 Hours - 60.00% FTE</b>			
Single	40.00	6.80	1.10
Two-Party	40.00	6.80	1.10
Family	40.00	6.80	1.10
<b>5.0 Hours - 66.67% FTE</b>			
Single	33.30	5.66	0.92
Two-Party	33.30	5.66	0.92
Family	33.30	5.66	0.92
<b>5.5 Hours - 73.33% FTE</b>			
Single	26.70	4.53	0.74
Two-Party	26.70	4.53	0.74
Family	26.70	4.53	0.74
<b>6.0 Hours - 80.00% FTE</b>			
Single	20.00	3.40	0.55
Two-Party	20.00	3.40	0.55
Family	20.00	3.40	0.55
<b>Full-Time - Composite</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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			