



Sacramento Children's Home Benefits Overview 2027

SCH & Employee Paid:

- Medical Insurance* — Kaiser Permanente and Western Health Advantage
- Dental Insurance — Beam
- Paid Vacation — 2 or 3 weeks for full-time employees, based on eligibility, plus one additional week after 5 years of employment
- Paid Sick Leave
- 11 Paid holidays per year
- Bilingual Stipend — Available for qualifying languages and positions
- BBSE Licensure 12% salary increase
- Paid Training & Professional Development Opportunities
- Tuition Reimbursement
- Employee Assistance Program (EAP)

SCH Paid Benefits - For eligible full-time employees

- Basic Life Accidental Death & Dismemberment (AD&D) Insurance, Basic Dependent Life, Basic Dependent Life Spouse, Long-Term Disability (LTD)

Voluntary & Employee-Paid Benefits

- Vision (Beam VSP)
- Voluntary Life Insurance, Dependent Life, Accident, Short-Term Disability Insurance
- Flexible Spending Accounts (Section 125)
- 403(b) Retirement Plan with Employer Contribution

Important: Benefit eligibility and coverage may vary based on employment status and applicable plan requirements. Some benefits may differ for part-time employees. Specific benefit information and eligibility details are available individually.

*SCH pays a significant portion of eligible medical and dental premiums. Please refer to the back of this flyer for specific employee contribution amounts.

Below are the monthly employee payroll deductions for 2027 and SCH's contributions:

Plan	Coverage	2027 Employee Cost	2027 Employer Cost
Kaiser HMO Buy-Up	Employee Only	\$148.26	\$728.40
	Employee + 1	\$431.06	\$1,418.69
	Employee + Family	\$600.74	\$2,046.77
Kaiser HMO Base	Employee Only	\$91.67	\$775.23
	Employee + 1	\$261.34	\$1,567.82
	Employee + Family	\$374.50	\$2,243.54
WHA HMO Buy-Up	Employee Only	\$148.26	\$718.12
	Employee + 1	\$431.06	\$1,301.72
	Employee + Family	\$600.74	\$1,851.13
WHA HMO Base	Employee Only	\$91.67	\$741.17
	Employee + 1	\$261.34	\$1,404.32
	Employee + Family	\$374.50	\$1,982.42
Dental Buy-Up	Employee Only	\$7.04	\$42.74
	Employee + Spouse	\$30.17	\$68.81
	Employee + Children	\$38.15	\$74.90
	Employee + Family	\$69.75	\$104.24
Dental Base	Employee Only	\$0.00	\$36.78
	Employee + Spouse	\$16.32	\$56.78
	Employee + Children	\$21.46	\$61.96
	Employee + Family	\$45.29	\$83.10
Vision	Employee Only	\$7.57	\$0.00
	Employee + 1 Dep	\$14.20	\$0.00
	Employee + 2 or more	\$20.23	\$0.00