



Employee Health Benefits
2024 SCTA Early Retiree Rate Sheet
 January 1, 2024 - December 31, 2024

12-Month Deductions

| Medical Plans/Tiers | Full Premium | District Pays | Employee Pays |
|-----------------------|--------------|---------------|-------------------|
| Kaiser HMO | | | |
| Retiree Only | \$862.80 | \$862.80 | \$0.00 |
| Retiree + 1 | \$1,725.60 | \$862.80 | \$862.80 |
| Family | \$2,441.72 | \$862.80 | \$1,578.92 |
| Health Net HMO | | | |
| Retiree Only | \$1,148.71 | \$1,148.71 | \$0.00 |
| Retiree + 1 | \$2,297.41 | \$1,148.71 | \$1,148.70 |
| Family | \$3,250.84 | \$1,148.71 | \$2,102.13 |

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|------------------------------|---------|--------|----------------|
| 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 |

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|---------------------|----------|--------|-----------------|
| Delta Dental | | | |
| Retiree Only | \$56.59 | \$0.00 | \$56.59 |
| Retiree + 1 | \$113.17 | \$0.00 | \$113.17 |

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|------------------------|--|--|--|
| VSP Vision Plan | | | |
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| Sun Life Plan | | | |
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