



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

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	\$2.43	\$0.00	\$2.43