

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
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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 Only
 \$56.59
 \$0.00
 \$56.59

 Retiree + 1
 \$113.17
 \$0.00
 \$113.17
 \$0.00

VSP Vision Plan		
VISION LIGHT		
Sun Life Plan		

