

Employee Health Benefit
2024 SCTA Over 65 Retiree Rate She
January 1, 2024 - December 31, 2

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser Senior Advantage			
Retiree Only	\$347.02	\$347.02	\$0.00
Retiree + 1	\$694.04	\$347.02	\$347.02
Health Net HMO			
Retiree Only	\$377.00	\$377.00	\$0.00
Retiree + 1	\$754.00	\$377.00	\$377.00
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