

~~EPH&B~~
2023 Active SCTA Rate Sheet
 January 1, 2023 - December 31, 2023

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO			
Enroll	\$723.90	\$723.90	\$0.00
Enroll 1	\$1,447.80	\$1,447.80	\$0.00
Enroll	\$2,048.64	\$2,048.64	\$0.00
Health Net HMO			
Enroll	\$1,045.23	\$1,045.23	\$0.00
Enroll 1	\$2,090.45	\$2,090.45	\$0.00
Enroll	\$2,957.99	\$2,957.99	\$0.00
Premier Access Dental			
Enroll	\$65.25	\$65.25	\$0.00
Enroll 1	\$120.97	\$120.97	\$0.00
Enroll	\$173.95	\$173.95	\$0.00
Delta Dental			
Enroll	\$56.72	\$56.72	\$0.00
Enroll 1	\$113.44	\$113.44	\$0.00
Enroll	\$160.52	\$160.52	\$0.00
VSP Vision Plan			
Enroll	\$20.56	\$20.56	\$0.00
Enroll	\$13.65	\$13.65	\$0.00
Sun Life Plan			
Enroll	\$1.10	\$1.10	\$0.00
Enroll 1	\$1.54	\$1.10	\$0.44
Enroll	\$1.73	\$1.10	\$0.63