



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

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO			
Employee Only	\$862.80	\$862.80	\$0.00
Employee + 1	\$1,725.60	\$1,725.60	\$0.00
Family	\$2,441.72	\$2,441.72	\$0.00
Health Net HMO			
Employee Only	\$1,148.71	\$1,148.71	\$0.00
Employee + 1	\$2,297.41	\$2,297.41	\$0.00
Family	\$3,250.84	\$3,250.84	\$0.00
Premier Access Dental			
Employee Only	\$65.25	\$65.25	\$0.00
Employee + 1	\$120.97	\$120.97	\$0.00
Family	\$173.95	\$173.95	\$0.00
Delta Dental			
Employee Only	\$56.72	\$56.72	\$0.00
Employee + 1	\$113.44	\$113.44	\$0.00
Family	\$160.52	\$160.52	\$0.00
VSP Vision Plan			
Employee Only	\$20.56	\$20.56	\$0.00
Family	\$13.65	\$13.65	\$0.00
Sun Life Plan			
Employee Only	\$1.10	\$1.10	\$0.00
Employee + 1	\$1.54	\$1.10	\$0.44
Family	\$1.54	\$1.10	\$0.44