

Employee Health Benefits **2023 Active SCTA Rate Sheet** January 1, 2023 - December 31, 2023

12-Month Deductions

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Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO			
Employee Only	\$723.90	\$723.90	\$0.00
Employee + 1	\$1,447.80	\$1,447.80	\$0.00
Family	\$2,048.64	\$2,048.64	\$0.00
Health Net HMO			
Employee Only	\$1,045.23	\$1,045.23	\$0.00
Employee + 1	\$2,090.45	\$2,090.45	\$0.00
Family	\$2,957.99	\$2,957.99	\$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	\$1.73	\$1.10	\$0.63

