



Employee Health Benefits
2025 SCTA Early Retiree Rate Sheet
 January 1, 2025 - December 31, 2025

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	\$1,013.81	\$1,013.81	\$0.00
Retiree + 1	\$2,027.62	\$1,013.81	\$1,013.81
Family	\$2,869.09	\$1,013.81	\$1,855.28
Health Net HMO			
Retiree Only	\$1,257.84	\$1,257.84	\$0.00
Retiree + 1	\$2,515.67	\$1,257.84	\$1,257.83
Family	\$3,559.67	\$1,257.84	\$2,301.83

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	\$2.28	\$0.00	\$2.28