

**INSURANCE RATES FOR SCAA & SCPA
EFFECTIVE 10/1/2024 - 9/30/2025**

BENEFIT	MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY DEDUCTION
Health - Single	\$895.75	\$615.00	\$280.75
Health - Family	\$2,052.41	\$1,193.00	\$859.41
Employee Married to Employee	\$895.75	2 singles paid in full	\$0.00
Employee Married to Employee	\$2,052.41	or 1 family paid in full	\$0.00
Dental - Single	\$32.93	\$32.93	\$0.00
Dental - Family	\$94.70	\$78.75	\$15.95
Vision - Single (Eye Med Plan)	\$8.64	\$0.00	\$8.64
Vision - Family (Eye Med Plan)	\$21.60	\$0.00	\$21.60
Vision - Single (VSP Plan)	\$9.00	\$0.00	\$9.00
Vision - Family (VSP Plan)	\$22.52	\$0.00	\$22.52
