

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

HEALTH PARTNERS DEDUCTIBLE PLAN WITH AN HRA

SINGLE: \$3,500 DEDUCTIBLE WITH A \$1,000 HRA

FAMILY: \$7,000 DEDUCTIBLE WITH A \$2,000 HRA

EME = \$1,500 HRA each for 2 singles or \$3,000 HRA for Family

BENEFIT	MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY DEDUCTION	EMPLOYEE PER PAY PERIOD DEDUCTION
Health - Single	\$895.75	\$615.00	\$280.75	\$140.38
Health - Family	\$2,052.41	\$1,193.00	\$859.41	\$429.71
Employee Married to Employee	\$895.75	2 singles paid in full	\$0.00	\$0.00
Employee Married to Employee	\$2,052.41	or 1 family paid in full	\$0.00	\$0.00
Dental - Single	\$32.93	\$32.93	\$0.00	\$0.00
Dental - Family	\$94.70	\$78.75	\$15.95	\$7.98
Vision - Single (Eye Med Plan)	\$8.64	\$0.00	\$8.64	\$4.32
Vision - Family (Eye Med Plan)	\$21.60	\$0.00	\$21.60	\$10.80
Vision - Single (VSP Plan)	\$9.00	\$0.00	\$9.00	\$4.50
Vision - Family (VSP Plan)	\$22.52	\$0.00	\$22.52	\$11.26