



Employee Health Benefits

2027 Active SCTA Rate Sheet

January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Employee Pays
Kaiser HMO			
Employee Only	\$1,051.00	\$1,051.00	\$0.00
Employee + 1	\$2,100.00	\$2,100.00	\$0.00
Family	\$2,969.00	\$2,969.00	\$0.00
WHA HMO			
Employee Only	\$1,360.00	\$1,360.00	\$0.00
Employee + 1	\$2,718.00	\$2,718.00	\$0.00
Family	\$3,848.00	\$3,848.00	\$0.00
UHC Alliance			
Employee Only	\$1,443.00	\$1,443.00	\$0.00
Employee + 1	\$2,887.00	\$2,887.00	\$0.00
Family	\$4,084.00	\$4,084.00	\$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



Employee Health Benefits
2026 SCTA Early Retiree Rate Sheet
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	\$1,051.00	\$1,051.00	\$0.00
Retiree + 1	\$2,100.00	\$1,051.00	\$1,049.00
Family	\$2,969.00	\$1,051.00	\$1,918.00
WHA			
Retiree Only	\$1,360.00	\$1,360.00	\$0.00
Retiree + 1	\$2,718.00	\$1,360.00	\$1,358.00
Family	\$3,848.00	\$1,360.00	\$2,488.00
UHC Alliance			
Retiree Only	\$1,443.00	\$1,443.00	\$0.00
Retiree + 1	\$2,887.00	\$1,443.00	\$1,444.00
Family	\$4,084.00	\$1,443.00	\$2,641.00
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		\$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



Employee Health Benefits
2026 SCTA Over 65 Retiree Rate Sheet
 January 1, 2026 - December 31, 2026

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage			
Retiree Only	\$382.00	\$382.00	\$0.00
Retiree + 1	\$764.00	\$382.00	\$382.00
RetireeFirst - Anthem			
Retiree Only	\$502.18	\$502.18	\$0.00
Retiree + 1	\$1,004.36	\$502.18	\$502.18
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
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