



Employee Health Benefits
2025 SCTA Over 65 Retiree Rate Sheet
 January 1, 2025 - December 31, 2025

12-Month Deductions

| Medical Plans/Tiers | Full Premium | District Pays | Retiree Pays |
|----------------------------------|--------------|---------------|-----------------|
| Kaiser Senior Advantage | | | |
| Retiree Only | \$351.54 | \$351.54 | \$0.00 |
| Retiree + 1 | \$698.84 | \$351.54 | \$347.30 |
| Health Net Seniority Plus | | | |
| Retiree Only | \$414.70 | \$414.70 | \$0.00 |
| Retiree + 1 | \$829.40 | \$414.70 | \$414.70 |
| 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 |