2026 SCA Health Plans and Payroll Deductions

OUR BENEFITS, YOUR JOURNEY

2026 SCA Bi-Weekly Payroll Deductions

2026 SCA Bi-Weekly Premiums		
Plan	**Level of Coverage**	**Employee Cost**
Anthem Core HSA	Employee Only	$0.00
	Employee + Spouse	$229.00
	Employee + Domestic Partner (DP)*	$229.00
	Employee + Employee's Child(ren)	$169.00
	Employee + DP's Child(ren)*	$169.00
	Employee + Spouse + Child(ren)	$372.00
	Employee + DP + Employee's Child(ren)*	$372.00
	Employee + DP + DP's Child(ren)*	$372.00
Anthem PPO	Employee Only	$72.00
	Employee + Spouse	$369.00
	Employee + Domestic Partner (DP)*	$369.00
	Employee + Employee's Child(ren)	$283.00
	Employee + DP's Child(ren)*	$283.00
	Employee + Spouse + Child(ren)	$569.00
	Employee + DP + Employee's Child(ren)*	$569.00
	Employee + DP + DP's Child(ren)*	$569.00

* Imputed income will apply.

2026 SCA Bi-Weekly Payroll Deductions cont.

Plan	Level of Coverage	Employee Cost
Kaiser Northern California	Employee Only	$155.60
	Employee + Spouse	$787.85
	Employee + Domestic Partner (DP)*	$787.85
	Employee + Employee's Child(ren)	$703.55
	Employee + DP's Child(ren)*	$703.55
	Employee + Spouse + Child(ren)	$1,209.36
	Employee + DP + Employee's Child(ren)*	$1,209.36
	Employee + DP + DP's Child(ren)*	$1,209.36
Kaiser Southern California	Employee Only	$155.60
	Employee + Spouse	$787.85
	Employee + Domestic Partner (DP)*	$787.85
	Employee + Employee's Child(ren)	$703.55
	Employee + DP's Child(ren)*	$703.55
	Employee + Spouse + Child(ren)	$1,209.36
	Employee + DP + Employee's Child(ren)*	$1,209.36
	Employee + DP + DP's Child(ren)*	$1,209.36
Kaiser Hawaii	Employee Only	$25.11
	Employee + Spouse	$376.25
	Employee + Domestic Partner (DP)*	$376.25
	Employee + Employee's Child(ren)	$317.73
	Employee + DP's Child(ren)*	$317.73
	Employee + Spouse + Child(ren)	$560.60
	Employee + DP + Employee's Child(ren)*	$560.60
	Employee + DP + DP's Child(ren)*	$560.60

* Imputed income will apply.

2026 SCA Bi-Weekly Payroll Deductions cont.

Plan	Level of Coverage	Employee Cost
Delta Dental	Employee Only	$8.18
	Employee + Spouse	$17.17
	Employee + Domestic Partner (DP)*	$17.17
	Employee + Employee's Child(ren)	$15.53
	Employee + DP's Child(ren)*	$15.53
	Employee + Spouse + Child(ren)	$24.53
	Employee + DP + Employee's Child(ren)*	$24.53
	Employee + DP + DP's Child(ren)*	$24.53
VSP Base	Employee Only	$4.20
	Employee + Spouse	$6.14
	Employee + Domestic Partner (DP)*	$6.14
	Employee + Employee's Child(ren)	$6.54
	Employee + DP's Child(ren)*	$6.54
	Employee + Spouse + Child(ren)	$10.06
	Employee + DP + Employee's Child(ren)*	$10.06
	Employee + DP + DP's Child(ren)*	$10.06
VSP Enhanced	Employee Only	$6.40
	Employee + Spouse	$9.34
	Employee + Domestic Partner (DP)*	$9.34
	Employee + Employee's Child(ren)	$9.95
	Employee + DP's Child(ren)*	$9.95
	Employee + Spouse + Child(ren)	$15.32
	Employee + DP + Employee's Child(ren)*	$15.32
	Employee + DP + DP's Child(ren)*	$15.32

* Imputed income will apply.