

2027 SCA Plans and Payroll Deductions
MAKE YOUR BENEFITS COUNT

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Imputed income will apply when an employee covers a domestic partner and/or the domestic partner's child(ren) who do not qualify as the employee's tax dependents under IRS rules. In these situations, the value of the employer-provided coverage must be reported as taxable income.

Anthem Core HSA	Bi-weekly Cost
Employee Only	\$0.00
Employee + Spouse	\$278.00
Employee + Domestic Partner (DP)*	\$278.00
Employee + Employee's Child(ren)	\$205.00
Employee + DP's Child(ren)*	\$205.00
Employee + Spouse + Child(ren)	\$451.00
Employee + DP + Employee's Child(ren)*	\$451.00
Employee + DP + DP's Child(ren)*	\$451.00

Anthem PPO	Bi-weekly Cost
Employee Only	\$87.00
Employee + Spouse	\$448.00
Employee + Domestic Partner (DP)*	\$448.00
Employee + Employee's Child(ren)	\$343.00
Employee + DP's Child(ren)*	\$343.00
Employee + Spouse + Child(ren)	\$690.00
Employee + DP + Employee's Child(ren)*	\$690.00
Employee + DP + DP's Child(ren)*	\$690.00

Kaiser Northern & Southern California	Bi-weekly Cost
Employee Only	\$169.54
Employee + Spouse	\$838.16
Employee + Domestic Partner (DP)*	\$838.16
Employee + Employee's Child(ren)	\$749.01
Employee + DP's Child(ren)*	\$749.01
Employee + Spouse + Child(ren)	\$1,283.91
Employee + DP + Employee's Child(ren)*	\$1,283.91
Employee + DP + DP's Child(ren)*	\$1,283.91

Kaiser Hawaii	Bi-weekly Cost
Employee Only	\$26.10
Employee + Spouse	\$438.08
Employee + Domestic Partner (DP)*	\$438.08
Employee + Employee's Child(ren)	\$369.42
Employee + DP's Child(ren)*	\$369.42
Employee + Spouse + Child(ren)	\$654.37
Employee + DP + Employee's Child(ren)*	\$654.37
Employee + DP + DP's Child(ren)*	\$654.37

Delta Dental	Base Plan Bi-weekly Cost	Enhanced Plan Bi-weekly Cost
Employee Only	\$15.20	\$19.07
Employee + Spouse	\$31.90	\$40.03
Employee + Domestic Partner (DP)*	\$31.90	\$40.03
Employee + Employee's Child(ren)	\$28.86	\$36.21
Employee + DP's Child(ren)*	\$28.86	\$36.21
Employee + Spouse + Child(ren)	\$45.56	\$57.18
Employee + DP + Employee's Child(ren)*	\$45.56	\$57.18
Employee + DP + DP's Child(ren)*	\$45.56	\$57.18

VSP Vision	Base Plan Bi-weekly Cost	Enhanced Plan Bi-weekly Cost
Employee Only	\$4.20	\$6.40
Employee + Spouse	\$6.14	\$9.34
Employee + Domestic Partner (DP)*	\$6.14	\$9.34
Employee + Employee's Child(ren)	\$6.54	\$9.95
Employee + DP's Child(ren)*	\$6.54	\$9.95
Employee + Spouse + Child(ren)	\$10.06	\$15.32
Employee + DP + Employee's Child(ren)*	\$10.06	\$15.32
Employee + DP + DP's Child(ren)*	\$10.06	\$15.32