



2025 SCA Health Plans and Payroll Deductions

Today. Tomorrow. Together.

We help you prepare.

Meet Your SCA 2025 Health Plans

Plan Name	2025 Core Plan	2025 PPO Plan
Network Identifier	In Network	In Network
Accumulation Method (Deductible)	Aggregate	Embedded
Deductible - Single	\$1,800	\$700
Deductible – Family	\$3,600	\$1,400
Annual Company Contribution- Employee + Child/ren (bi-weekly)	\$500	n/a
Wellness Incentives	\$500	\$500
General Coinsurance	80%*	80%*
Accumulation Method (OOP)	Embedded	Embedded
Max OOP - Single	\$6,000	\$3,000
Max OOP - Family	\$12,000	\$6,000
Office Visit – Primary Care	100%	\$30 copay
Office Visit - Specialty	80%	\$60 copay
Urgent Care	80%	\$75 copay
Emergency Room	80%	\$500 copay
Inpatient Hospital	80%*	80%*
Lab Work	80%*	80%*
X-rays	80%*	80%*
Pharmacy		
Rx Deductible - Single	Combined with Medical	None
Rx Deductible - Family	Combined with Medical	None
Generic	\$10	\$10
Formulary	\$30	\$30
Non-Formulary	\$60	\$60
Mail Order - Generic	\$20	\$20
Mail Order - Formulary	\$60	\$60
Mail Order - Non-Formulary	\$120	\$120

* Percents shown are what the plan pays after the deductible has been met.



2025 SCA Bi-Weekly Payroll Deductions

2025 SCA Bi-Weekly Premiums		
Plan	Level of Coverage	Employee
Core Plan		
	Employee Only	\$0.00
	Employee + Spouse	\$206.00
	Employee + Domestic Partner (DP)*	\$206.00
	Employee + Employee's Child(ren)	\$152.00
	Employee + DP's Child(ren)*	\$152.00
	Employee + Spouse + Child(ren)	\$335.00
	Employee + DP + Employee's Child(ren)*	\$335.00
	Employee + DP + DP's Child(ren)*	\$335.00
PPO Plan		
	Employee Only	\$65.00
	Employee + Spouse	\$332.00
	Employee + Domestic Partner (DP)*	\$332.00
	Employee + Employee's Child(ren)	\$255.00
	Employee + DP's Child(ren)*	\$255.00
	Employee + Spouse + Child(ren)	\$512.00
	Employee + DP + Employee's Child(ren)*	\$512.00
	Employee + DP + DP's Child(ren)*	\$512.00

**Imputed income will apply*



2025 SCA Bi-Weekly Payroll Deductions

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 Plan	
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 Plan	
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.*

