

TWIN HILLS UNION SCHOOL DISTRICT

COST OF HEALTH BENEFITS 2025-2026

ALL PLANS INCLUDE CHIRO	Monthly Premium	District Pays Monthly	Employee Pays Monthly	Employee Pays Yearly
SISC Kaiser High Option				
\$10 Office Visit				
Rx \$10, \$0 Hospital Admit				
Employee Only	\$1,179.00	\$ 1,179.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,489.00	\$ 1,212.00	\$ 1,277.00	\$ 15,324.00
Family	\$3,456.00	\$ 1,212.00	\$ 2,244.00	\$ 26,928.00
SISC Kaiser Mid Option				
\$20 Office Visit, \$500 Deductible – Dependent on type of service				
Rx \$10/\$30, \$500 +10% Hospital Copay after Deductible				
Employee Only	\$ 998.00	\$ 998.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,106.00	\$ 1,212.00	\$ 894.00	\$ 10,728.00
Family	\$2,925.00	\$ 1,212.00	\$ 1,713.00	\$ 20,556.00
SISC Blue Shield of CA PPO 100% Option				
\$20 Office Visit Preferred Provider				
Rx \$7/\$25, 100% \$0 Hospital Admit				
Employee Only	\$1,115.00	\$ 1,115.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,372.00	\$ 1,212.00	\$ 1,160.00	\$ 13,920.00
Family	\$3,303.00	\$ 1,212.00	\$ 2,091.00	\$ 25,092.00
SISC Blue Shield of CA PPO 80% Option				
\$30 Office Visit Preferred Provider				
Rx \$9/\$35, 20% Hospital Copay				
Employee Only	\$ 903.00	\$ 903.00	\$ 0.00	\$ 0.00
Employee + 1	\$1,911.00	\$ 1,212.00	\$ 699.00	\$ 8,388.00
Family	\$2,659.00	\$ 1,212.00	\$ 1,447.00	\$ 17,364.00
VSP Vision – 12/12/12				
Employee Only	\$ 8.00	\$ 8.00	\$ 0.00	\$ 0.00
Employee + 1	\$ 17.00	\$ 8.00	\$ 9.00	\$ 108.00
Family	\$ 24.00	\$ 8.00	\$ 16.00	\$ 192.00

RESIG Delta Dental –

District pays 100% for 1.0 FTE – Prorated for part time FTE

Composite rate of \$111.00 per month for entire family.

NOTE: Out-of-pocket (Employee Pays Monthly) deductions are taken out on a **twelve-month basis**, with the June and July deductions **taken out of the June check**.

District Contributions based on FTE. – Board Approved

Premiums in effect 10/1/2025-09/30/2026 for SISC Medical (Kaiser & Blue Shield), VSP Vision and RESIG Delta Dental,