

Maximum District Monthly Contribution

Trustees, Certificated, Management, Confidential & Non-Represented

| | |
|---------------------------|------------|
| Employee Only | \$882.78 |
| Employee + One Dep. | \$1,402.09 |
| Employee + 2 or more Dep. | \$1,534.09 |

Effective: October 1, 2025 - September 30, 2026

3 Tier Rate Sheet

Rates for Monterey County and Nation wide

| PPO PLAN 1B | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,477.00 | \$2,954.00 | \$3,840.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,535.91 | \$3,061.20 | \$3,996.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$653.13 | \$1,659.11 | \$2,461.99 |

| PPO PLAN 4B | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,309.00 | \$2,619.00 | \$3,405.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,367.91 | \$2,726.20 | \$3,561.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$485.13 | \$1,324.11 | \$2,026.99 |

| PPO PLAN 6B | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,206.00 | \$2,411.00 | \$3,135.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,264.91 | \$2,518.20 | \$3,291.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$382.13 | \$1,116.11 | \$1,756.99 |

| PPO PLAN 9B | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$973.00 | \$1,946.00 | \$2,529.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,031.91 | \$2,053.20 | \$2,685.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$149.13 | \$651.11 | \$1,150.99 |

| HDHP 2 | Employee Only | Full Family |
|---------------|-----------------|-------------------|
| Medical | \$732.00 | \$1,903.00 |
| Dental | \$48.47 | \$126.21 |
| Vision | \$10.44 | \$29.87 |
| Total | \$790.91 | \$2,059.08 |
| District Pays | \$882.78 | \$1,534.09 |
| Employee Pays | \$0.00 | \$524.99 |

| Bronze Plan | Employee Only | EE+ 1 | Full Family |
|---------------|-----------------|-------------------|-------------------|
| Medical | \$668.00 | \$1,335.00 | \$1,736.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$726.91 | \$1,442.20 | \$1,892.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$0.00 | \$40.11 | \$357.99 |

| Wellness RX-C | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,222.00 | \$2,444.00 | \$3,177.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,280.91 | \$2,551.20 | \$3,333.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$398.13 | \$1,149.11 | \$1,798.99 |

Rates for Santa Cruz County & the HMO Plans in Zip Codes 95076,95077

| HMO Plan 1 | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,410.00 | \$2,803.00 | \$3,638.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,468.91 | \$2,910.20 | \$3,794.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$586.13 | \$1,508.11 | \$2,259.99 |

| HMO Plan 2 | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,376.00 | \$2,735.00 | \$3,550.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,434.91 | \$2,842.20 | \$3,706.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$552.13 | \$1,440.11 | \$2,171.99 |

| HMO Bronze | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,241.00 | \$2,464.00 | \$3,197.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,299.91 | \$2,571.20 | \$3,353.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$417.13 | \$1,169.11 | \$1,818.99 |

Rates for Santa Clara County, San Jose area

| Kaiser Plan 2 | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,480.00 | \$2,544.00 | \$3,207.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,538.91 | \$2,651.20 | \$3,363.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$656.13 | \$1,249.11 | \$1,828.99 |

| Kaiser Plan 3 | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,461.00 | \$2,511.00 | \$3,166.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,519.91 | \$2,618.20 | \$3,322.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$637.13 | \$1,216.11 | \$1,787.99 |

| Kaiser Plan 5 | Employee Only | EE+ 1 | Full Family |
|---------------|-------------------|-------------------|-------------------|
| Medical | \$1,422.00 | \$2,440.00 | \$3,079.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,480.91 | \$2,547.20 | \$3,235.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$598.13 | \$1,145.11 | \$1,700.99 |

| Kaiser Bronze | Employee Only | EE+ 1 | Full Family |
|---------------|-----------------|-------------------|-------------------|
| Medical | \$819.00 | \$1,405.00 | \$1,774.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$877.91 | \$1,512.20 | \$1,930.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$0.00 | \$110.11 | \$395.99 |

| Kaiser Wellness | Employee Only | EE+ 1 | Full Family |
|-----------------|-------------------|-------------------|-------------------|
| Medical | \$1,166.00 | \$2,005.00 | \$2,529.00 |
| Dental | \$48.47 | \$87.80 | \$126.21 |
| Vision | \$10.44 | \$19.40 | \$29.87 |
| Total | \$1,224.91 | \$2,112.20 | \$2,685.08 |
| District Pays | \$882.78 | \$1,402.09 | \$1,534.09 |
| Employee Pays | \$342.13 | \$710.11 | \$1,150.99 |

***Disclaimer: The benefit rates provided are calculated on a 12-month employment schedule. Employee deduction amounts will be adjusted proportionally based on the employee's contracted work months (e.g., 10- or 11-month employees).