

**SANTA PAULA UNIFIED SCHOOL DISTRICT**  
**FULL TIME EMPLOYEE HEALTH BENEFITS RATES (ANTHEM DENTAL)**

**Effective January 1, 2026 – December 31, 2026**

Rates listed below are tenths and will be taken through payroll deduction each month except July and August. See the Plan Comparisons on the Benefits web page at <https://www.santapaulausd.org/departments1/human-resources/benefits> for a brief overview of each plan.

**Traditional PPO/HMO Health Plans**

|                | Anthem PPO 90 | Anthem PPO 80 | Anthem Wellness PPO | Anthem HMO 10 | Anthem HMO 30 | Kaiser HMO 10 | Kaiser HMO 30 |
|----------------|---------------|---------------|---------------------|---------------|---------------|---------------|---------------|
| <b>Single</b>  | \$292.88      | \$0.00        | \$0.00              | \$294.67      | \$0.00        | \$0.00        | \$0.00        |
| <b>2 Party</b> | \$1629.95     | \$782.30      | \$404.99            | \$1,058.87    | \$519.28      | \$768.18      | \$623.98      |
| <b>Family</b>  | \$2962.66     | \$1,737.98    | \$1,192.84          | \$2,587.37    | \$1,707.67    | \$1,653.98    | \$1,449.94    |

**Consumer Driven Health Plans**

|                | Anthem CDHP 90 | Anthem CDHP 80    | Anthem CDHP 60    | Kaiser CDHP 90 | Kaiser CDHP 60    |
|----------------|----------------|-------------------|-------------------|----------------|-------------------|
| <b>Single</b>  | \$0.00         | \$0.00            | \$0.00            | \$0.00         | \$0.00            |
| ♦              | <b>\$4,400</b> | <b>\$4,400</b>    | <b>\$4,400</b>    | <b>\$4,400</b> | <b>\$4,400</b>    |
| <b>2 Party</b> | \$31.07        | \$0.00            | \$0.00            | \$0.00         | \$0.00            |
| ♦              | <b>\$1,000</b> | <b>\$1,274.52</b> | <b>\$3,306.36</b> | <b>\$1,000</b> | <b>\$1,153.56</b> |
| <b>Family</b>  | \$623.60       | \$132.08          | \$0.00            | \$614.50       | \$202.14          |
| ♦              | <b>\$1,000</b> | <b>\$1,000</b>    | <b>\$1,000</b>    | <b>\$1,000</b> | <b>\$1,000</b>    |

♦ **2026 DISTRICT HSA CONTRIBUTIONS**

When you enroll in a Consumer Driven Health Plan (CDHP), the District will contribute the amount shown above into your Health Savings Account (HSA). Contributions will be made in two installments during 2026: 60% in early February and 40% in early October. The contribution amount is based on 2026 IRS limits for single coverage and your employment status, and will be prorated according to your plan's effective date.

**2026 DENTAL/VISION**

|                | Anthem Dental | VSP Base | VSP Buy Up |
|----------------|---------------|----------|------------|
| <b>Single</b>  | INCLUDED      | INCLUDED | \$10.33    |
| <b>2 Party</b> |               |          |            |
| <b>Family</b>  |               |          |            |

**Cash-in-Lieu of Medical Benefits**

Employees with proof of group medical coverage outside the District may decline District coverage during open enrollment and receive \$3,000 annually. Payments are made as ten contributions of \$300 (Jan–June and Sept–Dec).

- No retroactive payments. If the deadline is missed, payments begin with the next open pay cycle.
- Annual verification is required. Proof of coverage must be uploaded to Flock each year.
- ACA compliance: Coverage must be group medical coverage (not individual plans, including the Marketplace or Covered California).

**Acceptable Proof of Coverage (dated within the last 12 months):**

- Letter of Credible Coverage from the insurance company listing you as covered.
- Signed letter from your spouse's/domestic partner's HR Department on company letterhead listing you as covered.
- Copy of your insurance card showing your name and coverage start date.
- Online proof of coverage listing your name, insurance provider, and start date.

Contact SPUSD Benefits at [benefits@santapaulausd.org](mailto:benefits@santapaulausd.org) if you have any questions.

Final: 9/24/25