

Salinas Union High School District
M.C.S.I.G - Salinas Valley Federation of Teachers
Health and Welfare Payroll Deductions

Dental w/ ortho - Medium Plan

Group and Plan	Dental	Medical (Includes Life Ins.)	Total Cost	District Cap (Paid by District)	Amount Over Cap	Monthly Deduction (Paid by Employee)
SVFT						
PPO \$25						
Employee	54.00	1,715.00	1,769.00	932.16	836.84	\$ 1,004.21
Employee +1	102.00	3,421.00	3,523.00	1,228.16	2,294.84	\$ 2,753.81
Family	175.00	4,443.00	4,618.00	1,630.16	2,987.84	\$ 3,585.41
PPO \$40						
Employee	54.00	1,301.00	1,355.00	932.16	422.84	\$ 507.41
Employee +1	102.00	2,597.00	2,699.00	1,228.16	1,470.84	\$ 1,765.01
Family	175.00	3,372.00	3,547.00	1,630.16	1,916.84	\$ 2,300.21
PPO Select						
Employee	54.00	941.00	995.00	932.16	62.84	\$ 75.41
Employee +1	102.00	1,871.00	1,973.00	1,228.16	744.84	\$ 893.81
Family	175.00	2,431.00	2,606.00	1,630.16	975.84	\$ 1,171.01
Kaiser-Medium						
Employee	54.00	1,002.00	1,056.00	932.16	123.84	\$ 148.61
Employee +1	102.00	1,993.00	2,095.00	1,228.16	866.84	\$ 1,040.21
Family	175.00	2,816.00	2,991.00	1,630.16	1,360.84	\$ 1,633.01
TRIO HMO						
Employee	54.00	1,166.00	1,220.00	932.16	287.84	\$ 345.41
Employee +1	102.00	2,509.00	2,611.00	1,228.16	1,382.84	\$ 1,659.41
Family	175.00	3,099.00	3,274.00	1,630.16	1,643.84	\$ 1,972.61
Adult School Teachers						
PPO \$25						
Employee	54.00	1,715.00	1,769.00	941.16	827.84	\$ 993.41
Employee +1	102.00	3,421.00	3,523.00	1,237.16	2,285.84	\$ 2,743.01
Family	175.00	4,443.00	4,618.00	1,639.16	2,978.84	\$ 3,574.61
PPO \$40						
Employee	54.00	1,301.00	1,355.00	941.16	413.84	\$ 496.61
Employee +1	102.00	2,597.00	2,699.00	1,237.16	1,461.84	\$ 1,754.21
Family	175.00	3,372.00	3,547.00	1,639.16	1,907.84	\$ 2,289.41
PPO Select						
Employee	54.00	941.00	995.00	941.16	53.84	\$ 64.61
Employee +1	102.00	1,871.00	1,973.00	1,237.16	735.84	\$ 883.01
Family	175.00	2,431.00	2,606.00	1,639.16	966.84	\$ 1,160.21
Kaiser-Medium						
Employee	54.00	1,002.00	1,056.00	941.16	114.84	\$ 137.81
Employee +1	102.00	1,993.00	2,095.00	1,237.16	857.84	\$ 1,029.41
Family	175.00	2,816.00	2,991.00	1,639.16	1,351.84	\$ 1,622.21
TRIO HMO						
Employee	54.00	1,166.00	1,220.00	941.16	278.84	\$ 334.61
Employee +1	102.00	2,509.00	2,611.00	1,237.16	1,373.84	\$ 1,648.61
Family	175.00	3,099.00	3,274.00	1,639.16	1,634.84	\$ 1,961.81

VISION - Plan A (Optional)	Monthly Cost (Paid by Employee)	Monthly Deduction (Paid by Employee)
Employee	11.00	13.20
Employee +1	16.00	19.20
Family	29.00	34.80

On 8/28/2025, the MCSIG Board adopted a 15% increase to PPO \$25, PPO \$40, and PPO Select. There will be no rate increase to CompleteCare; a 5.21% increase to Kaiser, and an 8% increase to TRIO HMO.

On 8/28/2025, the MCSIG Board also adopted no rate changes to dental and vision plans.

New rates are effective January 1, 2026; deductions begin with the December 23, 2025 paycheck.

Plan year is January - December

Amount over cap is pro-rated over 10 months

10/22/2025

Salinas Union High School District
M.C.S.I.G - Salinas Valley Federation of Teachers
Health and Welfare Payroll Deductions

Dental w/ ortho - High Plan

Group and Plan	Dental	Medical (Includes Life Ins.)	Total Cost	District Cap (Paid by District)	Amount Over Cap	Monthly Deduction (Paid by Employee)
SVFT						
PPO \$25						
Employee	60.00	1,715.00	1,775.00	932.16	842.84	\$ 1,011.41
Employee +1	111.00	3,421.00	3,532.00	1,228.16	2,303.84	\$ 2,764.61
Family	192.00	4,443.00	4,635.00	1,630.16	3,004.84	\$ 3,605.81
PPO \$40						
Employee	60.00	1,301.00	1,361.00	932.16	428.84	\$ 514.61
Employee +1	111.00	2,597.00	2,708.00	1,228.16	1,479.84	\$ 1,775.81
Family	192.00	3,372.00	3,564.00	1,630.16	1,933.84	\$ 2,320.61
PPO Select						
Employee	60.00	941.00	1,001.00	932.16	68.84	\$ 82.61
Employee +1	111.00	1,871.00	1,982.00	1,228.16	753.84	\$ 904.61
Family	192.00	2,431.00	2,623.00	1,630.16	992.84	\$ 1,191.41
Kaiser-Medium						
Employee	60.00	1,002.00	1,062.00	932.16	129.84	\$ 155.81
Employee +1	111.00	1,993.00	2,104.00	1,228.16	875.84	\$ 1,051.01
Family	192.00	2,816.00	3,008.00	1,630.16	1,377.84	\$ 1,653.41
TRIO HMO						
Employee	60.00	1,166.00	1,226.00	932.16	293.84	\$ 352.61
Employee +1	111.00	2,509.00	2,620.00	1,228.16	1,391.84	\$ 1,670.21
Family	192.00	3,099.00	3,291.00	1,630.16	1,660.84	\$ 1,993.01
Adult School Teachers						
PPO \$25						
Employee	60.00	1,715.00	1,775.00	941.16	833.84	\$ 1,000.61
Employee +1	111.00	3,421.00	3,532.00	1,237.16	2,294.84	\$ 2,753.81
Family	192.00	4,443.00	4,635.00	1,639.16	2,995.84	\$ 3,595.01
PPO \$40						
Employee	60.00	1,301.00	1,361.00	941.16	419.84	\$ 503.81
Employee +1	111.00	2,597.00	2,708.00	1,237.16	1,470.84	\$ 1,765.01
Family	192.00	3,372.00	3,564.00	1,639.16	1,924.84	\$ 2,309.81
PPO Select						
Employee	60.00	941.00	1,001.00	941.16	59.84	\$ 71.81
Employee +1	111.00	1,871.00	1,982.00	1,237.16	744.84	\$ 893.81
Family	192.00	2,431.00	2,623.00	1,639.16	983.84	\$ 1,180.61
Kaiser-Medium						
Employee	60.00	1,002.00	1,062.00	941.16	120.84	\$ 145.01
Employee +1	111.00	1,993.00	2,104.00	1,237.16	866.84	\$ 1,040.21
Family	192.00	2,816.00	3,008.00	1,639.16	1,368.84	\$ 1,642.61
TRIO HMO						
Employee	60.00	1,166.00	1,226.00	941.16	284.84	\$ 341.81
Employee +1	111.00	2,509.00	2,620.00	1,237.16	1,382.84	\$ 1,659.41
Family	192.00	3,099.00	3,291.00	1,639.16	1,651.84	\$ 1,982.21

VISION - Plan A (Optional)	Monthly Cost (Paid by Employee)	Monthly Deduction (Paid by Employee)
Employee	11.00	13.20
Employee +1	16.00	19.20
Family	29.00	34.80

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