

Los Gatos Saratoga Union High School District

Health Benefits Rate Matrix for January 1 through December 31, 2026

Delta Dental (Premium Plan); Indemnity Plan + Vision Service Plan (VSP)			Monthly Premiums		
		Group Number	Single	Two-Party	Family
Delta Dental (Premium Plan)	\$3,200 Annual maximum 3 Cleanings Child/Adult Ortho 100% maximum \$5,000 (Life time)	07102-11210	\$60.87	\$121.73	\$205.79
Indemnity Dental Plan (Personify)	\$2,500 Annual maximum 2 Cleanings Child/Adult Ortho 100% maximum \$2,000 (Life time)	100P20	\$63.91	\$127.82	\$216.08
Vision Service Plan (Premium Plan)	Exam, Frame & Lenses every 12 months \$5 Copay	Certificated 3106881A Classified 3106882A	\$12.79	\$25.58	\$48.33

Premiums listed above are based on 100% FTE

Full benefits provided @ 80% FTE

10 month Certificated Staff >> Double Deduction in April & May to pay for June & July

11 month Classified Staff >> Double Deduction in June to pay for July

NEXT Open enrollment for the dental and vision plans will be in the fall of 2028 with changes effective January 1, 2029, and every three years thereafter.