

Los Gatos Saratoga Union High School District
Dental & Vision Service Plan Rates (Effective 1/1/2026; Premium Plan)

2026 Delta Dental Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	60.87	0.00	0.00	15.22	22.83	24.35	30.44	36.52	48.70
Two-Party Rate	121.73	0.00	0.00	30.43	45.65	48.69	60.87	73.04	97.38
Family Rate	205.79	0.00	0.00	51.45	77.17	82.32	102.90	123.47	164.63

2026 Dental INDEMNITY Plan

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	63.91	0.00	0.00	15.98	23.97	25.56	31.96	38.35	51.13
Two-Party Rate	127.82	0.00	0.00	31.96	47.93	51.13	63.91	76.69	102.26
Family Rate	216.08	0.00	0.00	54.02	81.03	86.43	108.04	129.65	172.86

2026 Vision Service Plan Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	12.79	0.00	0.00	3.20	4.80	5.12	6.40	7.67	10.23
Two-Party Rate	25.58	0.00	0.00	6.40	9.59	10.23	12.79	15.35	20.46
Family Rate	48.33	0.00	0.00	12.08	18.12	19.33	24.17	29.00	38.66

80% FTE employees are covered at 100%