The following medical, dental and vision premiums are effective 10-1-2025. All coverage costs will continue to be prorated for part-time employees.

The rates below show the costs for a full time employee. Part-time employees cost will be prorated by the percentage they work. Medical Rates are capped at Kaiser Mid, with an additional $250.00/month given to SISC Family Coverage.

**District Cap:**

- **Employee: $998.00**
- **Employee +1: $2,106.00**
- **Employee +Family: $2,925.00**

| | | 100% Plan B | | | 90% Plan E | | | 80% Plan G | | | High Deductible - HSA 3400 | | | High Deductible - 2 Tier HSA 5000 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Coverage** | **Rate** | **District** | **Employee** | **Rate** | **District** | **Employee** | **Rate** | **District** | **Employee** | **Rate** | **District** | **Employee** | **Rate** | **District** | **Employee** |
| **SISC** | Employee | $1115.00 | $998.00 | $117.00 | $1021.00 | $998.00 | $23.00 | $903.00 | $903.00 | $0.00 | $686.00 | $686.00 | $0.00 | $616.00 | $616.00 | $0.00 |
| | Employee +1 | $2372.00 | $2106.00 | $266.00 | $2164.00 | $2106.00 | $58.00 | $1911.00 | $1911.00 | $0.00 | $1438.00 | $1438.00 | $0.00 | $1273.00 | $1273.00 | $0.00 |
| | Family | $3303.00 | $3175.00 | $128.00 | $3010.00 | $3010.00 | $0.00 | $2659.00 | $2659.00 | $0.00 | $1993.00 | $1993.00 | $0.00 | $1273.00 | $1273.00 | $0.00 |
| | | | | | | | | | | | | | | | | |
| | | **HIGH OPTION (Traditional HMO)** | | | **MEDIUM OPTION (Deductible Plan)** | | | **LOW OPTION - HSA - QUALIFIED DEDUCTIBLE** | | | | | | | | |
| **Kaiser** | Employee | $1179.00 | $998.00 | $181.00 | $998.00 | $998.00 | $0.00 | $736.00 | $736.00 | $0.00 | | | | | | |
| | Employee +1 | $2489.00 | $2106.00 | $383.00 | $2106.00 | $2106.00 | $0.00 | $1553.00 | $1553.00 | $0.00 | | | | | | |
| | Family | $3456.00 | $2925.00 | $531.00 | $2925.00 | $2925.00 | $0.00 | $2157.00 | $2157.00 | $0.00 | | | | | | |
| | | | | | | | | | | | | | | | | |
| **Delta Dental** | | | | | | | | | | | | | | | | |
| ***Certificated Staff** | Composite | $111.00 | $99.90 | $11.10 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| **Vision** | Employee | $8.00 | $7.20 | $0.80 | | | | | | | | | | | | |
| | Employee +1 | $16.00 | $7.20 | $8.80 | | | | | | | | | | | | |
| | Family | $23.00 | $7.20 | $15.80 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

**The monthly premiums will be deducted from your paychecks.**

**The District offers benefits to Domestic Partners. Please note that the cost the District pays for your Domestic Partner's insurance coverage is taxable income to you. We will be collecting the required taxes from your paycheck. Domestic Partners must be registered through the State of California.**