

**Ventura Unified School District Proposal To
Ventura Education Support Professionals Association**

RE: COMPENSATION (ART. 20) – VESPA

March 17, 2026 Counter #3

The District proposes the following terms related to Total Compensation (health and welfare benefits and salary) for VESPA for 2025-2026 and 2026-2027.

1.

LEGACY (Employed on or before 2/14/24)			
Health & Welfare Contributions			
2025-2026 (Eff. July 1, 2025)			
HOURS*	EMPLOYER	EMPLOYEE	TOTAL
40.00 hours/week	\$18,500	\$0**	Based on Selected Plan
30.00 hours/week – 39.99 hours/week	\$13,875 (75% of \$18,500)	Difference between total and employer contribution.	Based on Selected Plan
20.00 hours/week - 29.99 hours/week	\$9,250 (50% of \$18,500)	Difference between total and employer contribution.	Based on Selected Plan
Less than 20 hours/week	Not eligible for benefits		

* Unit members who are eligible for health and welfare benefits based on assignments of fewer than 40.00 hours per week, will be responsible for paying the difference between the total premium cost and the prorated employer contributions.

For legacy employees, the District agrees to pay the employer contribution and the employee portion for 2025-2026 for March 1 – June 30, 2026. *See Illustration A.

2.

LEGACY (Employed on or before 2/14/24) Health & Welfare Contributions 2026-2027 (Eff. July 1, 2026)			
HOURS*	EMPLOYER	EMPLOYEE	TOTAL
40.00 hours/week	\$19,000	Difference between total and employer contribution.	Based on Selected Plan
30.00 hours/week – 39.99 hours/week	\$14,250 (75% of \$19,000)	Difference between total and employer contribution.	Based on Selected Plan
20.00 hours/week- 29.99 hours/week	\$9,500 (50% of \$19,000)	Difference between total and employer contribution.	Based on Selected Plan
Less than 20 hours/week	Not eligible for benefits		

* Unit members who are eligible for health benefits based on assignments of fewer than 40.00 hours per week, will be responsible for paying the difference between the total premium cost and the prorated employer contributions.

HSA CONTRIBUTION: For the 2026-2027 contract year only, the District will contribute towards a unit member’s HSA account up to the remaining balance, if any, of any unpaid employer premium contributions, not to exceed the maximum IRS allotment for self-only coverage, in effect as of July 1, 2026.

For example, if a full-time unit member’s selected HSA plan costs \$10,000, the difference between \$19,000 and \$10,000 (\$9,000) would be contributed to the employee’s HSA account, up to the IRS limit (\$4,400 in calendar year 2026). Therefore, \$4,400 would be contributed by the District to the employee’s HSA.

For 2026-2027 contract year, if the health and welfare benefits premiums for the 2027 calendar year increase by more than 7% as determined by the GPO/CSEBO the district agrees to reopen negotiations for the health and welfare component of total compensation.

3.

NEW (Employed On or After Feb.15, 2024)			
Health & Welfare Contributions			
2025-2026			
HOURS*	EMPLOYER	EMPLOYEE	TOTAL
40.00 hours/week	\$16,500	Difference between total and employer contribution.	Based on Selected Plan
30.00 hours/week – 39.99 hours/week	\$12,375 (75% of \$16,500)	Difference between total and employer contribution.	Based on Selected Plan
20.00 hours/week - 29.99 hours/week	\$8,250 (50% of \$16,500)	Difference between total and employer contribution.	Based on Selected Plan
Less than 20 hours/week	Not eligible for benefits		

* Unit members who are eligible for health benefits based on assignments of fewer than 40.00 hours per week, will be responsible for paying the difference between the total premium cost and the prorated employer contributions.

4.

NEW (Employed On or After Feb.15, 2024)			
Health & Welfare Contributions			
2026-2027			
HOURS*	EMPLOYER	EMPLOYEE	TOTAL
40.00 hours/week	\$16,500	Difference between total and employer contribution.	Based on Selected Plan
30.00 hours/week – 39.99 hours/week	\$12,375 (75% of \$16,500)	Difference between total and employer contribution.	Based on Selected Plan
20.00 hours/week - 29.99 hours/week	\$8,250 (50% of \$16,500)	Difference between total and employer contribution.	Based on Selected Plan
Less than 20 hours/week	Not eligible for benefits		

* Unit members who are eligible for health benefits based on assignments of fewer than 40.00 hours per week, will be responsible for paying the difference between the total premium cost and the prorated employer contributions.

HSA CONTRIBUTION: For the 2026-2027 contract year only, the District will contribute towards a unit member’s HSA account up to the remaining balance, if any, of any unpaid employer premium contributions, not to exceed the maximum IRS allotment for self-only coverage, in effect as of July 1, 2026.

For example, if a full-time unit member’s selected HSA plan costs \$10,000, the difference of \$16,500 and \$10,000 (\$6,500) would be contributed to the employee’s HSA account, up to the IRS limit (\$4,400 in calendar year 2026). Therefore, \$4,400 would be contributed by the District to the employee’s HSA.

5. Based on criteria outlined in the chart below, the District shall offer Cash-in-Lieu to unit members eligible for health and welfare benefits. To qualify, unit members must provide verification of enrollment in other group medical coverage. The Cash-in-Lieu amounts are as specified:

CASH IN LIEU	
Hired before January 3, 2023 and *enrolled in a district medical plan at that time	Hired On or After January 3, 2023
\$5,000 – 1.0 FTE	\$5,000 – 1.0 FTE
\$3,750 – 0.75 FTE*	N/A
\$2,500 – 0.5 FTE*	N/A

6. With these agreed upon changes in 1. through 4. above, the District will increase the salary schedule by an additional 2% effective July 1, 2026.

*****Illustration A.**

Current Plans for LEGACY Employees proposed \$18,500 cap based on 40 hours/week	Employee contribution for 25-26 (the District is proposing to cover these costs for the remainder of 25-26)	Employee contribution amount for legacy employee (12 month)	25-26 Annual Premium (Health, Dental, Vision)
Kaiser CDHP HSA 90 Single	\$0	\$0	\$8,983
PPO CDHP HSA 90 Single	\$0	\$0	\$9,820
PPO CDHP HSA 90 Two Party	\$0	\$0	\$16,723
Kaiser CDHP HSA 90 Two Party	\$0	\$0	\$16,448
Traditional Kaiser Composite rate	\$0	\$257/month *	\$21,584
PPO CDHP HSA 90 Family	\$0	\$323/month*	\$22,373
Kaiser CDHP HSA 90 Family	\$0	\$345/month*	\$22,644
Traditional PPO Composite rate	\$0	\$418/month*	\$23,516
Proposed Plans			
PPO CDHP HSA 80 Single	\$0	\$0	\$7,948
PPO CDHP HSA 80 Two Party	\$0	\$0	\$13,302
PPO CDHP HSA 80 Family	\$0	\$0	\$17,684

*may be paid with pre-taxed dollars