

**CLASSIFIED**

**2026-2027 SCHOOL YEAR**

PER MONTH (10 MONTHS) COST OF BENEFITS

ALL EMPLOYEE CONTRIBUTIONS FOR MEDICAL, DENTAL, AND VISION WILL BE TAKEN PRE-TAX.

FTE CONTRACT		KAISER DHMO 500		KAISER HMO 30		ANTHEM DHMO 500		ANTHEM HMO 30		DELTA DENTAL	EYE MED	GROUP LIFE INS.
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY			
6.25 OR MORE HRS PER DAY	EMPLOYEE	\$215.00	\$425.00	\$380.00	\$645.00	\$245.00	\$615.00	\$320.00	\$845.00	\$0.00	\$0.00	\$0.00
	DISTRICT	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$147.45	\$17.29	\$13.80
4 HRS BUT LESS THAN 6.25 HRS PER DAY	EMPLOYEE	\$485.91	\$695.91	\$650.91	\$915.91	\$515.91	\$885.91	\$590.91	\$1,115.91	\$29.49	\$3.46	\$2.76
	DISTRICT	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$117.96	\$13.83	\$11.04
LESS THAN 4HRS PER DAY	EMPLOYEE	\$756.82	\$966.82	\$921.82	\$1,186.82	\$786.82	\$1,156.82	\$861.82	\$1,386.82	\$58.98	\$6.92	\$5.52
	DISTRICT	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$88.47	\$10.37	\$8.28

\*\*\*\*NEW\*\*\*\* RESPA CONTRACT LANGUAGE HAS CHANGED IN 2026-2027 (SEE BELOW). THE PLAN COST FOR MARRIED COUPLES IS IN YELLOW \*\*\*\*NEW\*\*\*\*

FTE CONTRACT		ANTHEM PPO 500		ANTHEM HSA 3000		ANTHEM HSA 1700		DELTA DENTAL	EYE MED	GROUP LIFE INS.	COMPLETE CARE
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY				
6.25 OR MORE HRS PER DAY	EMPLOYEE	\$1,135.00	\$3,820.00	\$370.00	\$1,660.00	\$510.00	\$1,955.00	\$0.00	\$0.00	\$0.00	\$0 employee paid
	DISTRICT	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$147.45	\$17.29	\$13.80	
			\$2,465.44		\$305.44		\$600.44				
4 HRS BUT LESS THAN 6.25 HRS PER DAY	EMPLOYEE	\$1,405.91	\$4,090.91	\$640.91	\$1,930.91	\$780.91	\$2,225.91	\$29.49	\$3.46	\$2.76	\$0 employee paid
	DISTRICT	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$117.96	\$13.83	\$11.04	
LESS THAN 4HRS PER DAY	EMPLOYEE	\$1,676.82	\$4,361.82	\$911.82	\$2,201.82	\$1,051.82	\$2,496.82	\$58.98	\$6.92	\$5.52	\$0 employee paid
	DISTRICT	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$88.47	\$10.37	\$8.28	

"7.14.4.1 - If plan selected has an employee contribution, the contribution will be borne by the District up to the District's maximum contribution." These plans have an employee contribution that exceeds the districts maximum contribution. The employee must cover the portion that exceeds the districts contribution. For married couples, your plan cost is in yellow.