

P-BVUSD Health Insurance Shared Cost Rates - Effective October 1, 2026

		P-BVTA, Confidential Classified and Management Employees				
Medical Plan #		40031C	40031A	40031D	40031G	234480-0126ACN
Medical Plan Desc		PPO 90-C	PPO 80-C	PPO 80-E	PPO 80-G	Kaiser \$300V
Co-Pay		\$20	\$20	\$20	\$20	\$30
Deductible		\$200/\$500	\$200/\$500	\$300/\$600	\$500/\$1,000	\$0
Out of Pocket Max		\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000
Monthly Premium						
Medical Insurance		\$ 1,958.00	\$ 1,887.00	\$ 1,804.00	\$ 1,703.00	\$ 1,704.00
Dental Insurance	Delta Dental	100.00	100.00	100.00	100.00	100.00
Vision Insurance	VSP or XP Health	23.60	23.60	23.60	23.60	23.60
Life Insurance	\$50,000	7.25	7.25	7.25	7.25	7.25
Total		\$ 2,088.85	\$ 2,017.85	\$ 1,934.85	\$ 1,833.85	\$ 1,834.85
Annual Premium		\$ 25,066.20	\$ 24,214.20	\$ 23,218.20	\$ 22,006.20	\$ 22,018.20
		Monthly*	Monthly*	Monthly*	Monthly*	Monthly*
Full-Time	Annual District	Employee	Employee	Employee	Employee	Employee
Equivalent (FTE) **	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
1.0000	\$ 22,006.20	\$ 306.00	\$ 220.80	\$ 121.20	\$ -	\$ 1.20
0.8750	\$ 19,255.40	\$ 581.08	\$ 495.88	\$ 396.28	\$ 275.08	\$ 276.28
0.7500	\$ 16,504.70	\$ 856.15	\$ 770.95	\$ 671.35	\$ 550.15	\$ 551.35
0.6000	\$ 13,203.70	\$ 1,186.25	\$ 1,101.05	\$ 1,001.45	\$ 880.25	\$ 881.45
0.5000	\$ 11,003.10	\$ 1,406.31	\$ 1,321.11	\$ 1,221.51	\$ 1,100.31	\$ 1,101.51

		(Classified) Teamsters Employees				
Medical Plan #		40031E	40031B	40031F	40031H	234480-0126ALN
Medical Plan Desc		PPO 90-C	PPO 80-C	PPO 80-E	PPO 80-G	Kaiser \$300V
Co-Pay		\$20	\$20	\$20	\$20	\$30
Deductible		\$200/\$500	\$200/\$500	\$300/\$600	\$500/\$1,000	\$0
Out of Pocket Max		\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000
Monthly Premium						
Medical Insurance		\$ 1,958.00	\$ 1,887.00	\$ 1,804.00	\$ 1,703.00	\$ 1,704.00
Dental Insurance	Delta Dental	100.00	100.00	100.00	100.00	100.00
Vision Insurance	VSP or XP Health	23.60	23.60	23.60	23.60	23.60
Life Insurance	\$40,000	5.80	5.80	5.80	5.80	5.80
Total		\$ 2,087.40	\$ 2,016.40	\$ 1,933.40	\$ 1,832.40	\$ 1,833.40
Annual Premium		\$ 25,048.80	\$ 24,196.80	\$ 23,200.80	\$ 21,988.80	\$ 22,000.80
Full-Time	Annual District	Monthly*	Monthly*	Monthly*	Monthly*	Monthly*
Equivalent (FTE) **	Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution
1.0000	\$ 21,988.80	\$ 306.00	\$ 220.80	\$ 121.20	\$ -	\$ 1.20
0.8750	\$ 19,240.20	\$ 580.86	\$ 495.66	\$ 396.06	\$ 274.86	\$ 276.06
0.7500	\$ 16,491.60	\$ 855.72	\$ 770.52	\$ 670.92	\$ 549.72	\$ 550.92
0.6250	\$ 13,743.00	\$ 1,130.58	\$ 1,045.38	\$ 945.78	\$ 824.58	\$ 825.78
0.5000	\$ 10,994.40	\$ 1,405.44	\$ 1,320.24	\$ 1,220.64	\$ 1,099.44	\$ 1,100.64

		(Classified) CSEA Employees					
Medical Plan #		40031E	40031B	40031F	40031H	40031Y	234480-0126ALN
Medical Plan Desc		PPO 90-C	PPO 80-C	PPO 80-E	PPO 80-G	PPO 80-J	Kaiser \$300V
Co-Pay		\$20	\$20	\$20	\$20	\$30	\$30
Deductible		\$200/\$500	\$200/\$500	\$300/\$600	\$500/\$1,000	\$750/\$1,500	\$0
Out of Pocket Max		\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$1,500/\$3,000
Monthly Premium							
Medical Insurance		\$ 1,958.00	\$ 1,887.00	\$ 1,804.00	\$ 1,703.00	\$ 1,643.00	\$ 1,704.00
Dental Insurance	Delta Dental	100.00	100.00	100.00	100.00	100.00	100.00
Vision Insurance	VSP or XP Health	23.60	23.60	23.60	23.60	23.60	23.60
Life Insurance	\$40,000	5.80	5.80	5.80	5.80	5.80	5.80
Total		\$ 2,087.40	\$ 2,016.40	\$ 1,933.40	\$ 1,832.40	\$ 1,772.40	\$ 1,833.40
Annual Premium		\$ 25,048.80	\$ 24,196.80	\$ 23,200.80	\$ 21,988.80	\$ 21,268.80	\$ 22,000.80
Full-Time	Annual District	Monthly*	Monthly*	Monthly*	Monthly*	Monthly*	Monthly*
Equivalent (FTE) **	Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution
1.0000	\$ 21,988.80	\$ 306.00	\$ 220.80	\$ 121.20	\$ -	\$ -	\$ 1.20
0.8750	\$ 19,240.20	\$ 580.86	\$ 495.66	\$ 396.06	\$ 274.86	\$ 202.86	\$ 276.06
0.7500	\$ 16,491.60	\$ 855.72	\$ 770.52	\$ 670.92	\$ 549.72	\$ 477.72	\$ 550.92
0.6250	\$ 13,743.00	\$ 1,130.58	\$ 1,045.38	\$ 945.78	\$ 824.58	\$ 752.58	\$ 825.78
0.5000	\$ 10,994.40	\$ 1,405.44	\$ 1,320.24	\$ 1,220.64	\$ 1,099.44	\$ 1,027.44	\$ 1,100.64

*Withholdings for employee share of insurance will be withheld from ten (10) End of Month Paychecks
(September 2026-May 2027, August 2027)
Withholding amounts will be prorated for all employee with a start date later than August 12, 2026.

**Employee Monthly Costs for propositions that are less than Full-Time will have an increased cost based on the
Full-Time Equivalent of the specific position.