

2026-2027 Fringe Benefit Options & Rates

**FTE = Full time equivalent

District Monthly Allowances:	1.0 FTE	.75 FTE	.5 FTE
Employee Groups:			
ATU (Transportation)	\$818	\$613.50	\$409
Confidential	\$814		
CSEA (Classified)	\$849	\$636.75	\$424.50
DCTA (Certificated)	\$823.67		\$411.84
Management/Board Members	\$809		

To determine your monthly out of pocket amount:
combine all plan costs (-) your monthly district allowance (=) total monthly cost

Health plans

Kaiser (optical not included in high deductible plan)

Kaiser HMO w/Chiro & Optical	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO	\$1,283	\$2,566	\$1,951	\$3,015
Kaiser DHMO w/Chiro & Optical				
DHMO	\$1,173	\$2,345	\$1,782	\$2,755
Kaiser High Deductible Plan w/HSA				
(\$2,000/\$4,000)	\$922	\$1,844	\$1,402	\$2,167
Kaiser High Deductible Plan w/HSA				
(\$3,000/\$6,000)	\$790	\$1,580	\$1,201	\$1,857

Sutter Health Plan (optical not included)

Sutter Health Plus HMO	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO	\$1,265	\$2,529	\$1,921	\$2,972
Sutter Health Plus DHMO				
DHMO	\$1,011	\$2,022	\$1,536	\$2,376
High Deductible HMO w/HSA				
(\$1750/\$3500)	\$944	\$1,887	\$1,433	\$2,216
High Deductible HMO w/HSA				
(\$2,500/\$5,000)	\$836	\$1,671	\$1,269	\$1,962

Western Health Advantage (optical not included)

Western Health Advantage	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO Advantage	\$1,010	\$2,020	\$1,536	\$2,374
Western Health Advantage				
DHMO	\$777	\$1,554	\$1,181	\$1,826
High Deductible HMO w/HSA				
(\$1,800/\$3,600)	\$738	\$1,475	\$1,121	\$1,733
High Deductible HMO w/HSA				
(\$2,800/\$5,600)	\$640	\$1,280	\$973	\$1,504

Delta Dental

ATU, CSEA, DCTA, Management/Board employee groups	Emp + Family
Delta Dental DEL 1B (for all eligible dependents) \$2,000 max/per person per calendar year w/50% ortho	\$125.75
Confidential employee group	Emp + Family
Delta Dental DEL 2B (for all eligible dependents) \$2,000 max/per person per calendar year	\$112.50

Personify Indemnity Dental

ATU, CSEA, Confidential, DCTA, Management/Board employee groups	Emp + Family
Dental Indemnity w/ 50% ortho \$2500 Max	\$150.00

Vision Service Plan

ATU, Confidential, DCTA, Management/Board employee groups	Emp + Family
VSP (for all eligible dependents)*	\$22.70
CSEA employee group	Emp + Family
VSP (for all eligible dependents)*	\$27.40
*At your own expense if selecting Kaiser HMO	