

SISC 3-Tier Rate Structure

P-BVUSD Retiree Health Insurance Shared Cost Rates - Effective October 1, 2026 - September 30, 2027

Each retiree is required to contribute an amount that equals the difference between the negotiated District Annual Contribution in the school year immediately preceding retirement and the published rate for the selected coverage for each year of the retiree's eligibility thereafter.

P-BVTA, Confidential Classified and Management Retirees (District Contribution: \$22,006.20)					
Medical Plan #	40031N	40031L	40031P	40031W	234480-0126RCN
Medical Plan	PPO 90-C	PPO 80-C	PPO 80-E	PPO 80-G	Kaiser \$30OV
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
<u>Coverage For:</u>					
Medical Insurance	\$ 1,370.00	\$ 1,318.00	\$ 1,262.00	\$ 1,189.00	\$ 823.00
Delta Dental Insurance	\$ 58.00	\$ 58.00	\$ 58.00	\$ 58.00	\$ 58.00
Total Annual	\$ 17,136.00	\$ 16,512.00	\$ 15,840.00	\$ 14,964.00	\$ 10,572.00
* Monthly Employee Contribution	Retiree-Only	\$ (405.85)	\$ (457.85)	\$ (513.85)	\$ (586.85)
Medical Insurance	\$ 1,944.00	\$ 1,873.00	\$ 1,790.00	\$ 1,689.00	\$ 1,597.00
Delta Dental Insurance	\$ 116.80	\$ 116.80	\$ 116.80	\$ 116.80	\$ 116.80
Total Annual	\$ 24,729.60	\$ 23,877.60	\$ 22,881.60	\$ 21,669.60	\$ 20,565.60
* Monthly Employee Contribution	2-Party	\$ 226.95	\$ 155.95	\$ 72.95	\$ (28.05)
Medical Insurance	\$ 2,471.00	\$ 2,381.00	\$ 2,277.00	\$ 2,148.00	\$ 2,222.00
Delta Dental Insurance	\$ 160.60	\$ 160.60	\$ 160.60	\$ 160.60	\$ 160.60
Total Annual	\$ 31,579.20	\$ 30,499.20	\$ 29,251.20	\$ 27,703.20	\$ 28,591.20
* Monthly Employee Contribution	Family	\$ 797.75	\$ 707.75	\$ 603.75	\$ 474.75

Teamsters & CSEA Retirees (District Contribution: \$21,988.80)						
Medical Plan #	40031Q	40031M	40031R	40031X	234480-0126RLN	CSEA ONLY
Medical Plan	PPO 90-C	PPO 80-C	PPO 80-E	PPO 80-G	Kaiser \$30OV	PPO 80-J
Co-Pay	\$20	\$20	\$20	\$20	\$30	\$30
Deductible	\$200/\$500	\$200/\$500	\$300/\$600	\$500/\$1,000	\$0	\$750/\$1,500
Out of Pocket Max	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000
<u>Coverage For:</u>						
Medical Insurance	\$ 1,370.00	\$ 1,318.00	\$ 1,262.00	\$ 1,189.00	\$ 823.00	\$ 1,145.00
Delta Dental Insurance	\$ 58.00	\$ 58.00	\$ 58.00	\$ 58.00	\$ 58.00	\$ 58.00
Total Annual	\$ 17,136.00	\$ 16,512.00	\$ 15,840.00	\$ 14,964.00	\$ 10,572.00	\$ 14,436.00
* Monthly Employee Contribution	Retiree-Only	\$ (404.40)	\$ (456.40)	\$ (512.40)	\$ (585.40)	\$ (629.40)
Medical Insurance	\$ 1,944.00	\$ 1,873.00	\$ 1,790.00	\$ 1,689.00	\$ 1,597.00	\$ 1,629.00
Delta Dental Insurance	\$ 116.80	\$ 116.80	\$ 116.80	\$ 116.80	\$ 116.80	\$ 116.80
Total Annual	\$ 24,729.60	\$ 23,877.60	\$ 22,881.60	\$ 21,669.60	\$ 20,565.60	\$ 20,949.60
* Monthly Employee Contribution	2-Party	\$ 228.40	\$ 157.40	\$ 74.40	\$ (26.60)	\$ (86.60)
Medical Insurance	\$ 2,471.00	\$ 2,381.00	\$ 2,277.00	\$ 2,148.00	\$ 2,222.00	\$ 2,072.00
Delta Dental Insurance	\$ 160.60	\$ 160.60	\$ 160.60	\$ 160.60	\$ 160.60	\$ 160.60
Total Annual	\$ 31,579.20	\$ 30,499.20	\$ 29,251.20	\$ 27,703.20	\$ 28,591.20	\$ 26,791.20
* Monthly Employee Contribution	Family	\$ 799.20	\$ 709.20	\$ 605.20	\$ 476.20	\$ 400.20

* Retiree monthly costs are calculated over a 12-month period.

** For positions with less than 100% FTE, costs will be adjusted proportionally based on the position's Full-Time Equivalent (FTE)

*** For those considering retirement in Spring 2027, retiree contribution rates will be available in April 2027 - pending SISC rates and any contractual adjustments to the District contribution by Bargaining Unit