

TWIN HILLS UNION SCHOOL DISTRICT

COST OF HEALTH BENEFITS 2026-2027

ALL PLANS INCLUDE CHIRO	Monthly Premium	District Pays Monthly	Employee Pays Monthly	Employee Pays Yearly
SISC Kaiser High Option				
\$10 Office Visit				
Rx \$10, \$0 Hospital Admit				
Employee Only	\$1,269.00	\$ 1,269.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,679.00	\$ 1,350.00	\$ 1,329.00	\$ 15,948.00
Family	\$3,720.00	\$ 1,350.00	\$ 2,370.00	\$ 28,440.00
SISC Kaiser Mid Option				
\$20 Office Visit, \$500 Deductible – Dependent on type of service				
Rx \$10/\$30, \$500 +10% Hospital Copay after Deductible				
Employee Only	\$1,097.00	\$ 1,097.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,314.00	\$ 1,350.00	\$ 964.00	\$ 11,568.00
Family	\$3,213.00	\$ 1,350.00	\$ 1,863.00	\$ 22,356.00
SISC Blue Shield of CA PPO 100% Option				
\$20 Office Visit Preferred Provider				
Rx \$7/\$25, 100% \$0 Hospital Admit				
Employee Only	\$1,207.00	\$ 1,207.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,565.00	\$ 1,350.00	\$ 1,215.00	\$ 14,580.00
Family	\$3,571.00	\$ 1,350.00	\$ 2,221.00	\$ 26,652.00
SISC Blue Shield of CA PPO 80% Option				
\$30 Office Visit Preferred Provider				
Rx \$9/\$35, 20% Hospital Copay				
Employee Only	\$ 978.00	\$ 978.00	\$ 0.00	\$ 0.00
Employee + 1	\$2,069.00	\$ 1,350.00	\$ 719.00	\$ 8,628.00
Family	\$2,877.00	\$ 1,350.00	\$ 1,527.00	\$ 18,324.00
VSP Vision – 12/12/12				
Employee Only	\$ 8.00	\$ 8.00	\$ 0.00	\$ 0.00
Employee + 1	\$ 17.00	\$ 8.00	\$ 9.00	\$ 108.00
Family	\$ 24.00	\$ 8.00	\$ 16.00	\$ 192.00

RESIG Delta Dental –

District pays 100% for 1.0 FTE – Prorated for part time FTE

Composite rate of \$111.00 per month for entire family.

NOTE: Out-of-pocket (Employee Pays Monthly) deductions are taken out on a **twelve-month basis**, with the June and July deductions **taken out of the June check**.

District Contributions based on FTE

Premiums in effect 10/1/2026-09/30/2027 for SISC Medical (Kaiser & Blue Shield), VSP Vision and RESIG Delta Dental,

Board Approved: 5/7/2026