



PJUSD Health, Dental, and Vision Insurance Certificated and Classified Insurance Rates



Open Enrollment Period **August 1 - 31, 2026**
Coverage effective 10/1/26 - 9/30/27

OPEN ENROLLMENT CHANGES

If you want to change your existing coverage or add eligible dependents, you must do so during the open enrollment period indicated above. Changes made during open enrollment will take effect October 1, 2026, but will reflect on your September 2026 paycheck. Your current plan will continue through September 30, 2026.

QUALIFYING EVENT CHANGES

Plan changes can also be made throughout the school year with a qualifying event. Qualifying events include the birth of a child, marriage/divorce, loss of insurance coverage, etc. There is a 30 day window from the date of the qualifying event to make changes to insurance plans, so please contact the Payroll Department immediately following the qualifying event.

AVAILABLE HEALTH, DENTAL AND VISION INSURANCE PLANS

Plan rates are listed in the tables below. It is important that before enrolling in a medical plan you verify which plans your doctors will accept and review the plans carefully for services and costs. Enrollment forms are available through the Payroll Department upon request.

DISTRICT CAP (BENEFIT ALLOWANCE)

Full-time employees receive the following benefit allowance:

Single = \$900

Two-Party = \$950

Family = \$1,000

Part-time employees are eligible for a portion of the cap depending on contracted hours.

Questions can be directed to the Payroll Department at payrolldepartment@patterson.k12.ca.us



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ANTHEM BLUE CROSS		
PLAN	25-26 RATES (UHC)	26-27 RATES (ANTHEM)
Plan 1 - Single	\$1,263	\$1,390
Plan 1 - Two Party	\$2,173	\$2,391
Plan 1 - Family	\$2,741	\$3,016
Plan 2 - Single	\$1,176	\$1,294
Plan 2 - Two Party	\$2,023	\$2,226
Plan 2 - Family	\$2,552	\$2,808
Plan 3 - Single	\$1,083	\$1,192
Plan 3 - Two Party	\$1,863	\$2,050
Plan 3 - Family	\$2,350	\$2,585
Plan 4 - Single	\$827	\$910
Plan 4 - Two Party	\$1,423	\$1,566
Plan 4 - Family	\$1,794	\$1,974
Plan 5 (UHC) - Single	\$1,098	No comparable plan through Anthem
Plan 5 (UHC) - Two Party	\$1,889	
Plan 5 (UHC) - Family	\$2,383	
Plan 5 (ANT) - Single	N/A	\$730
Plan 5 (ANT) - Two Party	N/A	\$1,254
Plan 5 (ANT) - Family	N/A	\$1,583
Plan 6 (UHC) - Single	\$663	Compare to Plan 5 (ANT)
Plan 6 (UHC) - Two Party	\$1,140	
Plan 6 (UHC) - Family	\$1,439	
Plan 7 (UHC) - Single	\$610	No comparable plan through Anthem
Plan 7 (UHC) - Two Party	\$1,049	
Plan 7 (UHC) - Family	\$1,324	



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KAISER		
PLAN	25-26 RATES	26-27 RATES
Plan 1 - Single	\$1,168	\$1,285
Plan 1 - Two Party	\$2,008	\$2,209
Plan 1 - Family	\$2,532	\$2,786
Plan 2 - Single	\$1,117	\$1,229
Plan 2 - Two Party	\$1,920	\$2,112
Plan 2 - Family	\$2,421	\$2,664
Plan 3 - Single	\$937	\$1,031
Plan 3 - Two Party	\$1,610	\$1,771
Plan 3 - Family	\$2,030	\$2,233
Plan 4 - Single	N/A	\$800
Plan 4 - Two Party	N/A	\$1,300
Plan 4 - Family	N/A	\$1,800

DENTAL AND VISION			
PLAN	25-26 RATES	26-27 RATES	26-27 RATES (RETIREEES)
Delta PPO Dental - Single	\$47.24	\$47.24	\$49.16
Delta PPO Dental - Two Party	\$85.10	\$85.10	\$96.11
Delta PPO Dental - Family	\$133.73	\$133.73	\$133.13
Delta Premier - Single	\$58.82	\$58.82	\$61.30
Delta Premier - Two Party	\$120.03	\$120.03	\$132.11
Delta Premier- Family	\$185.84	\$185.84	\$177.11
VSP - Single	\$8.73	\$8.73	\$8.73
VSP - Two Party	\$17.30	\$17.30	\$17.30
VSP - Family	\$23.40	\$23.40	\$23.40