



PJUSD Health, Dental, and Vision Insurance Management and Non-Represented 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)

\$1,000 (Employee is responsible for dependent premiums on vision and dental insurance)

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 - Composite	\$2,267	\$2,494
Plan 2 - Composite	\$2,189	\$2,408
Plan 3 - Composite	\$2,102	\$2,313
Plan 4 - Composite	\$1,751	\$1,927
Plan 5 (UHC) - Composite	\$1,961	No comparable plan through Anthem
Plan 5 (ANT) - Composite	N/A	\$1,304
Plan 6 (UHC) - Composite	\$1,185	Compare to Plan 5 (ANT)
Plan 7 (UHC) - Composite	\$1,090	No comparable plan through Anthem



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KAISER		
PLAN	25-26 RATES	26-27 RATES
Plan 1 - Composite	\$2,182	\$2,401
Plan 2 - Composite	\$2,082	\$2,291
Plan 3 - Composite	\$1,796	\$1,976
Plan 4 - Composite	N/A	\$1,680

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