

Los Gatos Saratoga Union High School District

Dental & Vision Service Plan Rates (Effective 1/1/2027; Premium Plan)

2027 Delta Dental Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	69.88	0.00	0.00	17.47	26.21	27.95	34.94	41.93	55.90
Two-Party Rate	139.75	0.00	0.00	34.94	52.41	55.90	69.88	83.85	111.80
Family Rate	236.25	0.00	0.00	59.06	88.59	94.50	118.13	141.75	189.00

2027 Dental INDEMNITY Plan

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	73.37	0.00	0.00	18.34	27.51	29.35	36.69	44.02	58.70
Two-Party Rate	146.74	0.00	0.00	36.69	55.03	58.70	73.37	88.04	117.39
Family Rate	248.06	0.00	0.00	62.02	93.02	99.22	124.03	148.84	198.45

2027 Vision Service Plan Rates

Coverage Tier	Monthly Premium	100% FTE Employee share	80% FTE Employee share	75% FTE Employee share	62.5% FTE Employee share	60% FTE Employee share	50% FTE Employee share	40% FTE Employee share	20% FTE Employee share
Single Rate	14.68	0.00	0.00	3.67	5.51	5.87	7.34	8.81	11.74
Two-Party Rate	29.37	0.00	0.00	7.34	11.01	11.75	14.69	17.62	23.50
Family Rate	55.48	0.00	0.00	13.87	20.81	22.19	27.74	33.29	44.38

80% FTE employees are covered at 100%