

**PRORATED RATES FOR 4-HOUR TO 7-HOUR CLASSIFIED EMPLOYEES
2026-2027**

Classified employees who work 4-7 hours per day are eligible to enroll in Bakersfield City School District ("BCSD") benefit plans at prorated rates. Payments are made through payroll deduction and vary depending on the number of hours worked and the choice of dental plan. Table 1 below shows the amount of payroll deduction for each plan. For example, a 5-hour, 10-month employee who selects benefits with Liberty Dental would pay \$971.74 monthly. If the employee instead chose Delta Dental Incentive the monthly amount would be \$979.84.

Insurance coverage is for a 12-month period. If an employee's August or May pay warrant is not sufficient to withhold the voluntary deduction amount it will be necessary for the employee to make a payment to BCSD for the amount due. A 10-month employee hired between September and May who elects BCSD health benefits should refer to the Health Benefits section for summer coverage costs.

TABLE 1: 2026-2027 SCHOOL YEAR MONTHLY DEDUCTION

	7 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	\$326.62	\$326.41	\$323.91

	6 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	\$653.23	\$652.63	\$647.83

	5 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	\$979.84	\$978.94	\$971.74

	4 HR		
INSURANCE	Delta Inc.	Delta PPO	Liberty
10 MONTH	\$1,306.46	\$1,305.25	\$1,295.65

Employee benefit premiums are inclusive of health, dental, vision, and life insurance coverage and are established at a uniform flat rate, regardless of family size or dependent enrollment.

Participation in the District's insurance benefits is optional. Employees who elect not to enroll at the time of orientation must complete a Benefits Declination Form. Employees who decline coverage will not be eligible to enroll until the next annual Open Enrollment period in August or with a qualifying life event.



BAKERSFIELD CITY SCHOOL DISTRICT

MONTHLY PAYROLL DEDUCTION FOR HEALTH BENEFITS FOR FULL-TIME EMPLOYEES Effective October 1, 2026

Full-time employees may be required to contribute through monthly payroll deduction a portion of the premium for their fringe benefit package. The monthly amount depends upon collective bargaining agreements and choice of dental plan.

Listed below are the current payroll deduction amounts by employee group. Insurance coverage is for a 12-month period. The higher amount for a 10-month employee is necessary because BCSD can only take a deduction from pay warrants during the 10-month period that the employee works. Also, if an employee's August or May pay warrant is not sufficient to withhold the voluntary deduction amount it will be necessary for the employee to make a payment to BCSD for the amount due. Part-time (4-7 hours per day) supervisory employees who elect to participate in the benefit program pay an additional monthly amount. Details will be given at the employee's orientation.

Participation in the District's insurance benefits is optional. Employees who elect not to enroll at the time of orientation must complete a Benefits Declination Form. Employees who decline coverage will not be eligible to enroll until the next annual Open Enrollment period in August or with a qualifying life event.

Monthly Payroll Deduction			
Description		2026-2027 Deductions for employee Benefit Package	
		10 Month	12 Month
BETA	Delta Incentive	\$0.00	\$0.00
	Delta PPO	\$0.00	\$0.00
	Liberty	\$0.00	\$0.00
CSEA	Delta Incentive	\$0.00	\$0.00
	Delta PPO	\$0.00	\$0.00
	Liberty	\$0.00	\$0.00
Skilled Trades	Delta Incentive	N/A	\$0.00
	Delta PPO	N/A	\$0.00
	Liberty	N/A	\$0.00
Management	Delta Incentive	N/A	\$934.87
	Delta PPO	N/A	\$931.87
	Liberty	N/A	\$888.87
Confidential	Delta Incentive	N/A	\$504.69
	Delta PPO	N/A	\$503.69
	Liberty	N/A	\$476.69
Supervisory	Delta Incentive	\$636.96	\$530.80
	Delta PPO	\$635.76	\$529.80
	Liberty	\$594.96	\$495.80