



2027 Contributions

Hire Date Before July 1, 2022

FTE Status	Full Time Eligible		Part Time Eligible (20-30 hours)	
Classification	Classified School Psychologists Non-Unit Management		Classified School Psychologists Non-Unit Management	
	Employee	District	Employee	District
Medical Plan	10thly Contribution	10thly Contribution	10thly Contribution	10thly Contribution
Kaiser HMO				
Employee Only	\$0.00	\$1,074.29	\$0.00	\$1,074.29
Employee+ Child(ren)	\$35.00	\$1,828.38	\$789.09	\$1,074.29
Employee + Spouse	\$55.00	\$2,492.25	\$1,472.96	\$1,074.29
Employee + Family	\$70.00	\$3,161.12	\$2,156.83	\$1,074.29
Blue Shield Trio HMO				
Employee Only	\$0.00	\$1,014.00	\$0.00	\$1,014.00
Employee+ Child(ren)	\$17.50	\$1,748.90	\$752.40	\$1,014.00
Employee + Spouse	\$27.50	\$2,392.90	\$1,406.40	\$1,014.00
Employee + Family	\$35.00	\$3,037.00	\$2,058.00	\$1,014.00
Blue Shield Access+ HMO				
Employee Only	\$0.00	\$1,149.60	\$0.00	\$1,149.60
Employee+ Child(ren)	\$35.00	\$1,971.00	\$856.80	\$1,149.60
Employee + Spouse	\$55.00	\$2,691.80	\$1,597.20	\$1,149.60
Employee + Family	\$70.00	\$3,418.40	\$2,338.80	\$1,149.60
Blue Shield PPO				
Employee Only	\$472.80	\$1,149.60	Not Eligible	Not Eligible
Employee+ Child(ren)	\$864.00	\$1,971.00		
Employee + Spouse	\$1,191.40	\$2,691.80		
Employee + Family	\$1,514.80	\$3,418.40		

Hire Date July 1, 2022 and After

FTE Status	Full Time Eligible		Part Time Eligible (20-30 hours)	
Classification	Classified School Psychologists Non-Unit Management		Classified School Psychologists Non-Unit Management	
	Employee	District	Employee	District
Medical Plan	10thly Contribution	10thly Contribution	10thly Contribution	10thly Contribution
Kaiser HMO				
Employee Only	\$0.00	\$1,074.29	\$0.00	\$1,074.29
Employee+ Child(ren)	\$314.28	\$1,549.10	\$978.14	\$885.24
Employee + Spouse	\$422.75	\$2,124.50	\$1,662.01	\$885.24
Employee + Family	\$531.24	\$2,699.88	\$2,345.88	\$885.24
Blue Shield Trio HMO				
Employee Only	\$0.00	\$1,014.00	\$0.00	\$1,014.00
Employee+ Child(ren)	\$217.30	\$1,549.10	\$881.16	\$885.24
Employee + Spouse	\$295.90	\$2,124.50	\$1,535.16	\$885.24
Employee + Family	\$372.12	\$2,699.88	\$2,186.76	\$885.24
Blue Shield Access+ HMO				
Employee Only	\$0.00	\$1,149.60	\$0.00	\$1,149.60
Employee+ Child(ren)	\$457.30	\$1,549.10	\$1,121.16	\$885.24
Employee + Spouse	\$622.30	\$2,124.50	\$1,861.56	\$885.24
Employee + Family	\$788.52	\$2,699.88	\$2,603.16	\$885.24
Blue Shield PPO				
Employee Only	\$737.16	\$885.24	Not Eligible	Not Eligible
Employee+ Child(ren)	\$1,286.50	\$1,549.10		
Employee + Spouse	\$1,758.70	\$2,124.50		
Employee + Family	\$2,233.32	\$2,699.88		

Benefits Paid By District

- MetLife DHMO Dental
- Delta Dental PPO (30+ Hours)
- VSP Vision
- Voya Basic Life and AD&D