

2027 Insurance Rates (1/1/27 - 12/31/27)

					SEIU (pending)		MGMT/CONF/SUPV		CSEA		LTA	
Medical Insurance Plans			Premium	10thly Premium	District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost
HMO Plans												
Kaiser	KSR	Single	\$ 923.03	\$ 1,107.64		\$ 1,107.64	\$ 1,098.18	\$ 9.45	\$ 1,098.18	\$ 9.45	\$ 1,098.18	\$ 9.45
		Two Party	\$ 2,029.61	\$ 2,435.53		\$ 2,435.53	\$ 2,053.24	\$ 382.29	\$ 2,053.24	\$ 382.29	\$ 2,053.24	\$ 382.29
		Family	\$ 2,630.45	\$ 3,156.54		\$ 3,156.54	\$ 2,503.80	\$ 652.74	\$ 2,503.80	\$ 652.74	\$ 2,503.80	\$ 652.74
Blue Shield Access +	BSH BSH	Single	\$ 1,004.56	\$ 1,205.47		\$ 1,205.47	\$ 1,098.18	\$ 107.29	\$ 1,098.18	\$ 107.29	\$ 1,098.18	\$ 107.29
		Two Party	\$ 2,210.02	\$ 2,652.02		\$ 2,652.02	\$ 2,053.24	\$ 598.78	\$ 2,053.24	\$ 598.78	\$ 2,053.24	\$ 598.78
		Family	\$ 2,862.98	\$ 3,435.58		\$ 3,435.58	\$ 2,503.80	\$ 931.78	\$ 2,503.80	\$ 931.78	\$ 2,503.80	\$ 931.78
Blue Shield Trio	BST BST	Single	\$ 817.87	\$ 981.44		\$ 981.44	\$ 981.44	\$ 0.00	\$ 981.44	\$ 0.00	\$ 981.44	\$ 0.00
		Two Party	\$ 1,799.31	\$ 2,159.17		\$ 2,159.17	\$ 2,053.24	\$ 105.93	\$ 2,053.24	\$ 105.93	\$ 2,053.24	\$ 105.93
		Family	\$ 2,330.93	\$ 2,797.12		\$ 2,797.12	\$ 2,503.80	\$ 293.32	\$ 2,503.80	\$ 293.32	\$ 2,503.80	\$ 293.32
PPO PLANS												
Blue Shield PPO Plan 3	B90	Single	\$ 1,523.46	\$ 1,828.15		\$ 1,828.15	\$ 1,098.18	\$ 729.97	\$ 1,098.18	\$ 729.97	\$ 1,098.18	\$ 729.97
		Two Party	\$ 3,351.59	\$ 4,021.91		\$ 4,021.91	\$ 2,053.24	\$ 1,968.67	\$ 2,053.24	\$ 1,968.67	\$ 2,053.24	\$ 1,968.67
		Family	\$ 4,341.84	\$ 5,210.21		\$ 5,210.21	\$ 2,503.80	\$ 2,706.41	\$ 2,503.80	\$ 2,706.41	\$ 2,503.80	\$ 2,706.41
Blue Shield PPO Plan 4		Single	\$ 1,032.15	\$ 1,238.58		\$ 1,238.58	\$ 1,098.18	\$ 140.40	\$ 1,098.18	\$ -	\$ 1,098.18	\$ 140.40
		Two Party	\$ 2,270.73	\$ 2,724.88		\$ 2,724.88	\$ 2,053.24	\$ 671.64	\$ 2,053.24	\$ 671.64	\$ 2,053.24	\$ 671.64
		Family	\$ 2,941.63	\$ 3,529.96		\$ 3,529.96	\$ 2,503.80	\$ 1,026.16	\$ 2,503.80	\$ 1,026.16	\$ 2,503.80	\$ 1,026.16
Cash-in lieu Incentive												
Medical Waived During Open Enrollemnt by 10/31/2026					\$ -		\$ 200.00		\$ -		\$ 200.00	
					SEIU (pending)		MGMT/CONF/SUPV		CSEA		LTA	
					District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost
Dental Plans					District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost
Metlife HMO	MLH		\$ 28.93			\$ 28.93	\$ 28.93	\$ -	\$ 28.93	\$ -	\$ 28.93	\$ -
Metlife PPO (\$1500 plan)	MLP		\$ 168.95			\$ 168.95	\$ 79.15	\$ 89.80	\$ 79.15	\$ 89.80	\$ 33.08	\$ 135.87
Vision Plans					District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost	District Contribution	Employee Cost
Vision Service Plan Choice B (current plan)	VSP		\$ 11.77			\$ 11.77	\$ 11.77	\$ -	\$ 11.77	\$ -	\$ 11.77	\$ -
Vision Service Plan Choice C (upgraded plan)	VSU		\$ 19.64			\$ 19.64	\$ 11.77	\$ 7.87	\$ 11.77	\$ 7.87	\$ 11.77	\$ 7.87

Prepared by: Yvonne Wong

12/19/2025