



Insurance Premiums January 1, 2027 – December 31, 2027

INSURANCE	2027 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
 DELTA DENTAL PPO			
Employee Only	\$41.36	\$41.36	\$0.00
Employee + One*	\$77.64	\$48.05	\$29.59
Employee + Family*	\$145.58	\$62.54	\$83.04
 VISION (VOLUNTARY)			
Employee Only	\$8.52	\$8.52	\$0.00
Employee + Spouse*	\$17.03	\$9.13	\$7.90
Employee + Child(ren)	\$18.24	\$9.22	\$9.02
Family*	\$28.60	\$9.95	\$18.65
 KAISER ALTERNATE Additional Choice Deductible Coinsurance POS Plan			
Employee Only	\$971.61	\$814.22	\$157.39
Employee + Spouse*	\$1,943.22	\$1,300.99	\$642.23
Employee + Child(ren)	\$1,700.32	\$1,282.12	\$418.20
Family*	\$3,002.27	\$1,533.27	\$1,469.00
KAISER HIGH HMO Plan 220			
Employee Only	\$874.66	\$787.68	\$86.98
Employee + Spouse*	\$1,749.32	\$1,301.68	\$447.64
Employee + Child(ren)	\$1,530.65	\$1,282.72	\$247.93
Family*	\$2,702.70	\$1,534.35	\$1,168.35
KAISER DHMO Plan 1000			
Employee Only	\$779.42	\$779.42	\$0.00
Employee + Spouse*	\$1,558.84	\$1,285.15	\$273.69
Employee + Child(ren)	\$1,363.98	\$1,268.25	\$95.73
Family*	\$2,408.41	\$1,508.81	\$899.60

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$779.42 on all Employee Only Kaiser plans. The district will pay a maximum of \$2,385 on Employee+ Spouse, Child(ren) & Family Kaiser plans and \$92.64 maximum for Delta.

For additional questions or information, please contact:
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