



Employee Health Benefits
2027 Active SEIU/Teamsters
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (up to the Kaiser active rate)	Employee Pays
Kaiser HMO			
Employee Only	\$1,051.00	\$1,051.00	\$0.00
Employee + 1	\$2,100.00	\$2,100.00	\$0.00
Family	\$2,969.00	\$2,969.00	\$0.00
Kaiser HSA			
Employee Only	\$868.00	\$868.00	\$0.00
Employee + 1	\$1,736.00	\$1,736.00	\$0.00
Family	\$2,456.00	\$2,456.00	\$0.00
Western Health HMO			
Employee Only	\$1,140.71	\$1,051.00	\$89.71
Employee + 1	\$2,274.79	\$2,100.00	\$174.79
Family	\$3,216.07	\$2,969.00	\$247.07
Western Health HSA			
Employee Only	\$801.41	\$801.41	\$0.00
Employee + 1	\$1,598.16	\$1,598.16	\$0.00
Family	\$2,259.46	\$2,259.46	\$0.00
Sutter Health Plus HMO			
Employee Only	\$1,129.30	\$1,051.00	\$78.30
Employee + 1	\$2,258.80	\$2,100.00	\$158.80
Family	\$3,240.20	\$2,969.00	\$271.20
Sutter Health Plus HSA			
Employee Only	\$818.70	\$818.70	\$0.00
Employee + 1	\$1,637.40	\$1,637.40	\$0.00
Family	\$2,348.90	\$2,348.90	\$0.00
Delta Dental			
Employee Only	\$56.59	\$56.59	\$0.00
Employee + 1	\$113.17	\$113.17	\$0.00
Family	\$160.14	\$160.14	\$0.00
Premier Access Dental			
Employee Only	\$65.25	\$65.25	\$0.00
Employee + 1	\$120.97	\$120.97	\$0.00
Family	\$173.95	\$173.95	\$0.00
VSP Vision Plan			
Employee Only	\$5.80	\$5.80	\$0.00
Employee + 1	\$11.59	\$11.59	\$0.00
Family	\$19.31	\$19.31	\$0.00
Sun Life Plan			
Employee Only	\$1.10	\$1.10	\$0.00
Employee + 1	\$1.54	\$1.10	\$0.44
Family	\$1.73	\$1.10	\$0.63



Employee Health Benefits
2027 SEIU/Teamsters Early Retiree
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	\$1,051.00	\$1,051.00	\$0.00
Retiree + 1	\$2,100.00	\$1,051.00	\$1,049.00
Family	\$2,969.00	\$1,051.00	\$1,918.00
Kaiser HSA			
Retiree Only	\$868.00	\$868.00	\$0.00
Retiree + 1	\$1,736.00	\$868.00	\$868.00
Family	\$2,456.00	\$868.00	\$1,588.00
Western Health HMO			
Retiree Only	\$1,140.71	\$1,051.00	\$89.71
Retiree + 1	\$2,274.79	\$1,051.00	\$1,223.79
Family	\$3,216.07	\$1,051.00	\$2,165.07
Western Health HSA			
Retiree Only	\$801.41	\$801.41	\$0.00
Retiree + 1	\$1,598.16	\$801.41	\$796.75
Family	\$2,259.46	\$801.41	\$1,458.05
Sutter Health Plus HMO			
Retiree Only	\$1,129.30	\$1,051.00	\$78.30
Retiree + 1	\$2,258.80	\$1,051.00	\$1,207.80
Family	\$3,240.20	\$1,051.00	\$2,189.20
Sutter Health Plus HSA			
Retiree Only	\$818.70	\$818.70	\$0.00
Retiree + 1	\$1,637.40	\$818.70	\$818.70
Family	\$2,348.90	\$818.70	\$1,530.20
Delta Dental			
Retiree Only	\$56.59	\$0.00	\$56.59
Retiree + 1	\$113.17	\$0.00	\$113.17
Family	\$160.14	\$0.00	\$160.14
Premier Access Dental			
Retiree Only	\$65.25	\$0.00	\$65.25
Retiree + 1	\$120.97	\$0.00	\$120.97
Family	\$173.95	\$0.00	\$173.95
VSP Vision Plan			
Retiree Only	\$5.80	\$0.00	\$5.80
Retiree + 1	\$11.59	\$0.00	\$11.59
Family	\$19.31	\$0.00	\$19.31
Sun Life Plan			
Retiree Only	\$1.80	\$0.00	\$1.80
Retiree + 1	\$2.28	\$0.00	\$2.28



Employee Health Benefits
2027 SEIU/Teamsters Early Retiree 50%
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser HMO			
Retiree Only	\$1,051.00	\$525.50	\$0.00
Retiree + 1	\$2,100.00	\$525.50	\$1,574.50
Family	\$2,969.00	\$525.50	\$2,443.50
Kaiser HSA			
Retiree Only	\$868.00	\$868.00	\$0.00
Retiree + 1	\$1,736.00	\$1,736.00	\$0.00
Family	\$2,456.00	\$2,456.00	\$0.00
Western Health HMO			
Retiree Only	\$1,140.71	\$1,051.00	\$89.71
Retiree + 1	\$2,274.79	\$2,100.00	\$174.79
Family	\$3,216.07	\$2,969.00	\$247.07
Western Health HSA			
Retiree Only	\$801.41	\$801.41	\$0.00
Retiree + 1	\$1,598.16	\$1,598.16	\$0.00
Family	\$2,259.46	\$2,259.46	\$0.00
Sutter Health Plus HMO			
Retiree Only	\$1,129.30	\$1,051.00	\$78.30
Retiree + 1	\$2,258.80	\$2,100.00	\$158.80
Family	\$3,240.20	\$2,969.00	\$271.20
Sutter Health Plus HSA			
Retiree Only	\$818.70	\$818.70	\$0.00
Retiree + 1	\$1,637.40	\$1,637.40	\$0.00
Family	\$2,348.90	\$2,348.90	\$0.00
Delta Dental			
Retiree Only	\$56.59	\$56.59	\$0.00
Retiree + 1	\$113.17	\$113.17	\$0.00
Family	\$160.14	\$160.14	\$0.00
Premier Access Dental			
Retiree Only	\$65.25	\$65.25	\$0.00
Retiree + 1	\$120.97	\$120.97	\$0.00
Family	\$173.95	\$173.95	\$0.00
VSP Vision Plan			
Retiree Only	\$5.80	\$5.80	\$0.00
Retiree + 1	\$11.59	\$11.59	\$0.00
Family	\$19.31	\$19.31	\$0.00
Sun Life Plan			
Retiree Only	\$1.10	\$1.10	\$0.00
Retiree + 1	\$1.54	\$1.10	\$0.44
Family	\$1.73	\$1.10	\$0.63



Employee Health Benefits
2027 SEIU/Teamsters Over 65 Retiree
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays (	Retiree Pays
Kaiser Senior Advantage			
Retiree Only	\$382.00	\$382.00	\$0.00
Retiree + 1	\$764.00	\$382.00	\$382.00
Delta Dental			
Retiree Only	\$56.59	\$0.00	\$56.59
Retiree + 1	\$113.17	\$0.00	\$113.17
Family	\$160.14	\$0.00	\$160.14
VSP Vision Plan			
Employee Only	\$5.80	\$0.00	\$5.80
Employee + 1	\$11.59	\$0.00	\$11.59
Family	\$19.31	\$0.00	\$19.31
Sun Life Plan			
Employee Only	\$1.80	\$0.00	\$1.80
Employee + 1	\$2.28	\$0.00	\$2.28



Employee Health Benefits
2027 SEIU/Teamsters Over 65 Retiree 50%
 January 1, 2027 - December 31, 2027

12-Month Deductions

Medical Plans/Tiers	Full Premium	District Pays	Retiree Pays
Kaiser Senior Advantage			
Retiree Only	\$382.00	\$191.00	\$0.00
Retiree + 1	\$764.00	\$191.00	\$573.00
Delta Dental			
Retiree Only	\$56.59	\$0.00	\$56.59
Retiree + 1	\$113.17	\$0.00	\$113.17
Family	\$160.14	\$0.00	\$160.14
VSP Vision Plan			
Retiree Only	\$5.80	\$0.00	\$5.80
Retiree + 1	\$11.59	\$0.00	\$11.59
Family	\$19.31	\$0.00	\$19.31
Sun Life Plan			
Retiree Only	\$1.80	\$0.00	\$1.80
Retiree + 1	\$2.28	\$0.00	\$2.28