

SANTA PAULA UNIFIED SCHOOL DISTRICT
FULL-TIME EMPLOYEE HEALTH BENEFITS RATES (DELTA DENTAL)

Effective January 1, 2027 – December 31, 2027

*****Premium rates are subject to change*****

Rates listed below are tenths and will be deducted through payroll each month, except for July and August.

Traditional PPO/HMO Health Plans

	Anthem PPO 90	Anthem PPO 80	Anthem Wellness PPO	Anthem HMO 10	Anthem HMO 30	Kaiser HMO 10	Kaiser HMO 30
Single	\$545.38	\$12.71	\$0.00	\$543.94	\$124.28	\$0.00	\$0.00
2 Party	\$2,064.49	\$1,102.09	\$673.68	\$1,409.54	\$796.86	\$987.24	\$830.18
Family	\$3,578.74	\$2,187.93	\$1,568.84	\$3,140.87	\$2,142.05	\$1,951.99	\$1,729.75

Consumer Driven Health Plans

	Anthem CDHP 90	Anthem CDHP 80	Anthem CDHP 60	Kaiser CDHP 90	Kaiser CDHP 80	Kaiser CDHP 60
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
♦	\$3,287	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
2 Party	\$308.32	\$0.00	\$0.00	\$141.98	\$80.48	\$0.00
♦	\$1,000	\$1,000	\$1,407	\$1,000	\$1,000	\$1,754
Family	\$993.52	\$476.68	\$93.66	\$837.29	\$750.28	\$388.24
♦	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

♦ **2027 DISTRICT HSA CONTRIBUTIONS**

When you enroll in a Consumer Driven Health Plan (CDHP), the District will contribute the amount shown above to your Health Savings Account (HSA). For 2027, contributions will be made in two installments: 60% in January and 40% in September. The contribution amount is based on the 2027 IRS limits for single coverage and your employment status. Contributions will be prorated based on your plan's effective date.

2027 Dental / Vision

	Delta Dental	VSP Base	VSP Buy Up
Single	INCLUDED	INCLUDED	\$19.05
2 Party			
Family			

Cash-in-Lieu of Medical Benefits for the 2027 Benefit Plan Year

Employees who have proof of alternative group medical coverage outside the District may be eligible to receive \$3,000 annually.

- Payment schedule: Ten monthly payments of \$300 (January – June and September – December).
- No retroactive payments: If the deadline is missed, payments will begin with the next available pay cycle.
- Annual verification: Enrollment and proof of alternative group medical coverage must be submitted for the 2027 benefit plan year.
- ACA compliance: Coverage must be through a group medical plan. Individual coverage, including plans through the Marketplace or Covered California, does not qualify.

Acceptable Proof of Coverage for the 2027 Benefit Plan Year

- Letter of Creditable Coverage from the insurance company listing your name and coverage effective date for the 2027 plan year.
- Signed letter from your spouse's/domestic partner's HR Department on company letterhead listing your name and coverage effective date for the 2027 plan year.
- Copy of your insurance card listing your name and coverage effective date for the 2027 plan year.
- Online proof of coverage from your insurance company listing your name and coverage effective date for the 2027 plan year.