

SANTA PAULA UNIFIED SCHOOL DISTRICT
MARRIED EMPLOYEE HEALTH BENEFITS RATES (ANTHEM DENTAL)

Effective January 1, 2027 – December 31, 2027

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

Married 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
2 Party	\$678.63	\$0.00	\$0.00	\$23.68	\$0.00	\$0.00	\$0.00
Family	\$2,192.88	\$802.07	\$182.98	\$1,755.01	\$756.19	\$566.13	\$343.89

Consumer Driven Health Plans

Double Dental & Vision	Anthem CDHP 90	Anthem CDHP 80	Anthem CDHP 60	Kaiser CDHP 90	Kaiser CDHP 80	Kaiser CDHP 60
2 Party	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
♦	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
♦	\$1,923	\$7,092	\$9,000	\$3,486	\$4,356	\$7,976

♦ **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			