2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #1: Medical/Delta Incentive/XP Vision/Life

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Premium*	*Dental Incentive*	*XP Vision*	*Life*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$ 2,006.00	$ 40.00	$ 10.60	$ 7.00	$24,763	$12,292	$12,471	$13,239	$13,624	$14,008	$14,776	$15,544	$16,312	$17,081	$18,617
80% PPO	Two Party	$ 2,006.00	$ 82.00	$ 21.20	$ 7.00	$25,394	$12,292	$13,102	$13,871	$14,255	$14,639	$15,407	$16,175	$16,944	$17,712	$19,248
$500/$1000 Ded	Family	$ 2,006.00	$ 114.00	$ 31.80	$ 7.00	$25,906	$12,292	$13,614	$14,382	$14,766	$15,150	$15,918	$16,687	$17,455	$18,223	$19,760
Option 2	Single	$ 2,193.00	$ 40.00	$ 10.60	$ 7.00	$27,007	$12,292	$14,715	$15,483	$15,868	$16,252	$17,020	$17,788	$18,556	$19,325	$20,861
90% PPO	Two Party	$ 2,193.00	$ 82.00	$ 21.20	$ 7.00	$27,638	$12,292	$15,346	$16,115	$16,499	$16,883	$17,651	$18,419	$19,188	$19,956	$21,492
$500/$1000 Ded	Family	$ 2,193.00	$ 114.00	$ 31.80	$ 7.00	$28,150	$12,292	$15,858	$16,626	$17,010	$17,394	$18,162	$18,931	$19,699	$20,467	$22,004
Option 3	Single	$ 2,410.00	$ 40.00	$ 10.60	$ 7.00	$29,611	$12,292	$17,319	$18,087	$18,472	$18,856	$19,624	$20,392	$21,160	$21,929	$23,465
100% PPO	Two Party	$ 2,410.00	$ 82.00	$ 21.20	$ 7.00	$30,242	$12,292	$17,950	$18,719	$19,103	$19,487	$20,255	$21,023	$21,792	$22,560	$24,096
$200/$400 Ded	Family	$ 2,410.00	$ 114.00	$ 31.80	$ 7.00	$30,754	$12,292	$18,462	$19,230	$19,614	$19,998	$20,766	$21,535	$22,303	$23,071	$24,608
Option 4	Single	$ 1,749.00	$ 40.00	$ 10.60	$ 7.00	$21,679	$12,292	$9,387	$10,155	$10,540	$10,924	$11,692	$12,460	$13,228	$13,997	$15,533
80% PPO	Two Party	$ 1,749.00	$ 82.00	$ 21.20	$ 7.00	$22,310	$12,292	$10,018	$10,787	$11,171	$11,555	$12,323	$13,091	$13,860	$14,628	$16,164
$2000/$4000 Ded	Family	$ 1,749.00	$ 114.00	$ 31.80	$ 7.00	$22,822	$12,292	$10,530	$11,298	$11,682	$12,066	$12,834	$13,603	$14,371	$15,139	$16,676
Option 5(Platinum)	Single	$ 2,040.00	$ 40.00	$ 10.60	$ 7.00	$25,171	$12,292	$12,879	$13,647	$14,032	$14,416	$15,184	$15,952	$16,720	$17,489	$19,025
ProActive Care PPO	Two Party	$ 2,040.00	$ 82.00	$ 21.20	$ 7.00	$25,802	$12,292	$13,510	$14,279	$14,663	$15,047	$15,815	$16,583	$17,352	$18,120	$19,656
$0 Deductible	Family	$ 2,040.00	$ 114.00	$ 31.80	$ 7.00	$26,314	$12,292	$14,022	$14,790	$15,174	$15,558	$16,326	$17,095	$17,863	$18,631	$20,168
Anthem HMO	Single	$ 2,086.00	$ 40.00	$ 10.60	$ 7.00	$25,723	$12,292	$13,431	$14,199	$14,584	$14,968	$15,736	$16,504	$17,272	$18,041	$19,577
	Two Party	$ 2,086.00	$ 82.00	$ 21.20	$ 7.00	$26,354	$12,292	$14,062	$14,831	$15,215	$15,599	$16,367	$17,135	$17,904	$18,672	$20,208
No Deductible	Family	$ 2,086.00	$ 114.00	$ 31.80	$ 7.00	$26,866	$12,292	$14,574	$15,342	$15,726	$16,110	$16,878	$17,647	$18,415	$19,183	$20,720
Anthem HMO PS	Single	$ 1,815.00	$ 40.00	$ 10.60	$ 7.00	$22,471	$12,292	$10,179	$10,947	$11,332	$11,716	$12,484	$13,252	$14,020	$14,789	$16,325
Limited Network	Two Party	$ 1,815.00	$ 82.00	$ 21.20	$ 7.00	$23,102	$12,292	$10,810	$11,579	$11,963	$12,347	$13,115	$13,883	$14,652	$15,420	$16,956
No Deductible	Family	$ 1,815.00	$ 114.00	$ 31.80	$ 7.00	$23,614	$12,292	$11,322	$12,090	$12,474	$12,858	$13,626	$14,395	$15,163	$15,931	$17,468
Kaiser	Single	$ 2,019.00	$ 40.00	$ 10.60	$ 7.00	$24,919	$12,292	$12,627	$13,395	$13,780	$14,164	$14,932	$15,700	$16,468	$17,237	$18,773
	Two Party	$ 2,019.00	$ 82.00	$ 21.20	$ 7.00	$25,550	$12,292	$13,258	$14,027	$14,411	$14,795	$15,563	$16,331	$17,100	$17,868	$19,404
No Deductible	Family	$ 2,019.00	$ 114.00	$ 31.80	$ 7.00	$26,062	$12,292	$13,770	$14,538	$14,922	$15,306	$16,074	$16,843	$17,611	$18,379	$19,916
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - XP Vision**	$ 855.00	$ 40.00	$ 10.60	$ 7.00	**$ 10,951.20**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	$196	$964	$1,732	$2,500	$3,269	$4,805

2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #2: Medical/Delta Preferred/XP Vision/Life

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Premium*	*Dental Preferred*	*XP Vision*	*Life*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$ 2,006.00	$ 48.40	$ 10.60	$ 7.00	$24,864	$12,292	$12,572	$13,340	$13,724	$14,109	$14,877	$15,645	$16,413	$17,182	$18,718
80% PPO	Two Party	$ 2,006.00	$ 101.00	$ 21.20	$ 7.00	$25,622	$12,292	$13,330	$14,099	$14,483	$14,867	$15,635	$16,403	$17,172	$17,940	$19,476
$500/$1000 Ded	Family	$ 2,006.00	$ 159.80	$ 31.80	$ 7.00	$26,455	$12,292	$14,163	$14,931	$15,316	$15,700	$16,468	$17,236	$18,004	$18,773	$20,309
Option 2	Single	$ 2,193.00	$ 48.40	$ 10.60	$ 7.00	$27,108	$12,292	$14,816	$15,584	$15,968	$16,353	$17,121	$17,889	$18,657	$19,426	$20,962
90% PPO	Two Party	$ 2,193.00	$ 101.00	$ 21.20	$ 7.00	$27,866	$12,292	$15,574	$16,343	$16,727	$17,111	$17,879	$18,647	$19,416	$20,184	$21,720
$500/$1000 Ded	Family	$ 2,193.00	$ 159.80	$ 31.80	$ 7.00	$28,699	$12,292	$16,407	$17,175	$17,560	$17,944	$18,712	$19,480	$20,248	$21,017	$22,553
Option 3	Single	$ 2,410.00	$ 48.40	$ 10.60	$ 7.00	$29,712	$12,292	$17,420	$18,188	$18,572	$18,957	$19,725	$20,493	$21,261	$22,030	$23,566
100% PPO	Two Party	$ 2,410.00	$ 101.00	$ 21.20	$ 7.00	$30,470	$12,292	$18,178	$18,947	$19,331	$19,715	$20,483	$21,251	$22,020	$22,788	$24,324
$200/$400 Ded	Family	$ 2,410.00	$ 159.80	$ 31.80	$ 7.00	$31,303	$12,292	$19,011	$19,779	$20,164	$20,548	$21,316	$22,084	$22,852	$23,621	$25,157
Option 4	Single	$ 1,749.00	$ 48.40	$ 10.60	$ 7.00	$21,780	$12,292	$9,488	$10,256	$10,640	$11,025	$11,793	$12,561	$13,329	$14,098	$15,634
80% PPO	Two Party	$ 1,749.00	$ 101.00	$ 21.20	$ 7.00	$22,538	$12,292	$10,246	$11,015	$11,399	$11,783	$12,551	$13,319	$14,088	$14,856	$16,392
$2000/$4000 Ded	Family	$ 1,749.00	$ 159.80	$ 31.80	$ 7.00	$23,371	$12,292	$11,079	$11,847	$12,232	$12,616	$13,384	$14,152	$14,920	$15,689	$17,225
Option 5(Platinum)	Single	$ 2,040.00	$ 48.40	$ 10.60	$ 7.00	$25,272	$12,292	$12,980	$13,748	$14,132	$14,517	$15,285	$16,053	$16,821	$17,590	$19,126
ProActive Care PPO	Two Party	$ 2,040.00	$ 101.00	$ 21.20	$ 7.00	$26,030	$12,292	$13,738	$14,507	$14,891	$15,275	$16,043	$16,811	$17,580	$18,348	$19,884
$0 Deductible	Family	$ 2,040.00	$ 159.80	$ 31.80	$ 7.00	$26,863	$12,292	$14,571	$15,339	$15,724	$16,108	$16,876	$17,644	$18,412	$19,181	$20,717
Anthem HMO	Single	$ 2,086.00	$ 48.40	$ 10.60	$ 7.00	$25,824	$12,292	$13,532	$14,300	$14,684	$15,069	$15,837	$16,605	$17,373	$18,142	$19,678
	Two Party	$ 2,086.00	$ 101.00	$ 21.20	$ 7.00	$26,582	$12,292	$14,290	$15,059	$15,443	$15,827	$16,595	$17,363	$18,132	$18,900	$20,436
No Deductible	Family	$ 2,086.00	$ 159.80	$ 31.80	$ 7.00	$27,415	$12,292	$15,123	$15,891	$16,276	$16,660	$17,428	$18,196	$18,964	$19,733	$21,269
Anthem HMO PS	Single	$ 1,815.00	$ 48.40	$ 10.60	$ 7.00	$22,572	$12,292	$10,280	$11,048	$11,432	$11,817	$12,585	$13,353	$14,121	$14,890	$16,426
Limited Network	Two Party	$ 1,815.00	$ 101.00	$ 21.20	$ 7.00	$23,330	$12,292	$11,038	$11,807	$12,191	$12,575	$13,343	$14,111	$14,880	$15,648	$17,184
No Deductible	Family	$ 1,815.00	$ 159.80	$ 31.80	$ 7.00	$24,163	$12,292	$11,871	$12,639	$13,024	$13,408	$14,176	$14,944	$15,712	$16,481	$18,017
Kaiser	Single	$ 2,019.00	$ 48.40	$ 10.60	$ 7.00	$25,020	$12,292	$12,728	$13,496	$13,880	$14,265	$15,033	$15,801	$16,569	$17,338	$18,874
	Two Party	$ 2,019.00	$ 101.00	$ 21.20	$ 7.00	$25,778	$12,292	$13,486	$14,255	$14,639	$15,023	$15,791	$16,559	$17,328	$18,096	$19,632
No Deductible	Family	$ 2,019.00	$ 159.80	$ 31.80	$ 7.00	$26,611	$12,292	$14,319	$15,087	$15,472	$15,856	$16,624	$17,392	$18,160	$18,929	$20,465
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Pref - XP Vision**	$ 855.00	$ 48.40	$ 10.60	$ 7.00	**$ 11,052.00**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	$297	$1,065	$1,833	$2,601	$3,370	$4,906

2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #3: Medical/SISC Dental Health Net(Anthem)/XP Vision/Life

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Premium*	*SISC Anthem Dental*	*XP Vision*	*Life*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$ 2,006.00	$ 48.00	$ 10.60	$ 7.00	$24,859	$12,292	$12,567	$13,335	$13,720	$14,104	$14,872	$15,640	$16,408	$17,177	$18,713
80% PPO	Two Party	$ 2,006.00	$ 99.00	$ 21.20	$ 7.00	$25,598	$12,292	$13,306	$14,075	$14,459	$14,843	$15,611	$16,379	$17,148	$17,916	$19,452
$500/$1000 Ded	Family	$ 2,006.00	$ 136.00	$ 31.80	$ 7.00	$26,170	$12,292	$13,878	$14,646	$15,030	$15,414	$16,182	$16,951	$17,719	$18,487	$20,024
Option 2	Single	$ 2,193.00	$ 48.00	$ 10.60	$ 7.00	$27,103	$12,292	$14,811	$15,579	$15,964	$16,348	$17,116	$17,884	$18,652	$19,421	$20,957
90% PPO	Two Party	$ 2,193.00	$ 99.00	$ 21.20	$ 7.00	$27,842	$12,292	$15,550	$16,319	$16,703	$17,087	$17,855	$18,623	$19,392	$20,160	$21,696
$500/$1000 Ded	Family	$ 2,193.00	$ 136.00	$ 31.80	$ 7.00	$28,414	$12,292	$16,122	$16,890	$17,274	$17,658	$18,426	$19,195	$19,963	$20,731	$22,268
Option 3	Single	$ 2,410.00	$ 48.00	$ 10.60	$ 7.00	$29,707	$12,292	$17,415	$18,183	$18,568	$18,952	$19,720	$20,488	$21,256	$22,025	$23,561
100% PPO	Two Party	$ 2,410.00	$ 99.00	$ 21.20	$ 7.00	$30,446	$12,292	$18,154	$18,923	$19,307	$19,691	$20,459	$21,227	$21,996	$22,764	$24,300
$200/$400 Ded	Family	$ 2,410.00	$ 136.00	$ 31.80	$ 7.00	$31,018	$12,292	$18,726	$19,494	$19,878	$20,262	$21,030	$21,799	$22,567	$23,335	$24,872
Option 4	Single	$ 1,749.00	$ 48.00	$ 10.60	$ 7.00	$21,775	$12,292	$9,483	$10,251	$10,636	$11,020	$11,788	$12,556	$13,324	$14,093	$15,629
80% PPO	Two Party	$ 1,749.00	$ 99.00	$ 21.20	$ 7.00	$22,514	$12,292	$10,222	$10,991	$11,375	$11,759	$12,527	$13,295	$14,064	$14,832	$16,368
$2000/$4000 Ded	Family	$ 1,749.00	$ 136.00	$ 31.80	$ 7.00	$23,086	$12,292	$10,794	$11,562	$11,946	$12,330	$13,098	$13,867	$14,635	$15,403	$16,940
Option 5(Platinum)	Single	$ 2,040.00	$ 48.00	$ 10.60	$ 7.00	$25,267	$12,292	$12,975	$13,743	$14,128	$14,512	$15,280	$16,048	$16,816	$17,585	$19,121
ProActive Care PPO	Two Party	$ 2,040.00	$ 99.00	$ 21.20	$ 7.00	$26,006	$12,292	$13,714	$14,483	$14,867	$15,251	$16,019	$16,787	$17,556	$18,324	$19,860
$0 Deductible	Family	$ 2,040.00	$ 136.00	$ 31.80	$ 7.00	$26,578	$12,292	$14,286	$15,054	$15,438	$15,822	$16,590	$17,359	$18,127	$18,895	$20,432
Anthem HMO	Single	$ 2,086.00	$ 48.00	$ 10.60	$ 7.00	$25,819	$12,292	$13,527	$14,295	$14,680	$15,064	$15,832	$16,600	$17,368	$18,137	$19,673
	Two Party	$ 2,086.00	$ 99.00	$ 21.20	$ 7.00	$26,558	$12,292	$14,266	$15,035	$15,419	$15,803	$16,571	$17,339	$18,108	$18,876	$20,412
No Deductible	Family	$ 2,086.00	$ 136.00	$ 31.80	$ 7.00	$27,130	$12,292	$14,838	$15,606	$15,990	$16,374	$17,142	$17,911	$18,679	$19,447	$20,984
Anthem HMO PS	Single	$ 1,815.00	$ 48.00	$ 10.60	$ 7.00	$22,567	$12,292	$10,275	$11,043	$11,428	$11,812	$12,580	$13,348	$14,116	$14,885	$16,421
Limited Network	Two Party	$ 1,815.00	$ 99.00	$ 21.20	$ 7.00	$23,306	$12,292	$11,014	$11,783	$12,167	$12,551	$13,319	$14,087	$14,856	$15,624	$17,160
No Deductible	Family	$ 1,815.00	$ 136.00	$ 31.80	$ 7.00	$23,878	$12,292	$11,586	$12,354	$12,738	$13,122	$13,890	$14,659	$15,427	$16,195	$17,732
Kaiser	Single	$ 2,019.00	$ 48.00	$ 10.60	$ 7.00	$25,015	$12,292	$12,723	$13,491	$13,876	$14,260	$15,028	$15,796	$16,564	$17,333	$18,869
	Two Party	$ 2,019.00	$ 99.00	$ 21.20	$ 7.00	$25,754	$12,292	$13,462	$14,231	$14,615	$14,999	$15,767	$16,535	$17,304	$18,072	$19,608
No Deductible	Family	$ 2,019.00	$ 136.00	$ 31.80	$ 7.00	$26,326	$12,292	$14,034	$14,802	$15,186	$15,570	$16,338	$17,107	$17,875	$18,643	$20,180
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental SISC AD - XP Vision**	$ 855.00	$ 48.00	$ 10.60	$ 7.00	**$ 11,047.20**	**$12,292**	**No Ded**	**No Ded**	**No Ded**	$292	$1,060	$1,828	$2,596	$3,365	$4,901