2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #1: Medical/Delta Incentive/VSP/Life

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and VSP Vision*	*Premium*	*Dental Incentive*	*VSP 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	$ 11.40	$ 7.00	$24,773	$12,292	$12,481	$13,249	$13,633	$14,017	$14,786	$15,554	$16,322	$17,090	$18,627
80% PPO	Two Party	$ 2,006.00	$ 82.00	$ 22.80	$ 7.00	$25,414	$12,292	$13,122	$13,890	$14,274	$14,658	$15,426	$16,195	$16,963	$17,731	$19,268
$500/$1000 Ded	Family	$ 2,006.00	$ 114.00	$ 34.20	$ 7.00	$25,934	$12,292	$13,642	$14,411	$14,795	$15,179	$15,947	$16,715	$17,484	$18,252	$19,788
Option 2	Single	$ 2,193.00	$ 40.00	$ 11.40	$ 7.00	$27,017	$12,292	$14,725	$15,493	$15,877	$16,261	$17,030	$17,798	$18,566	$19,334	$20,871
90% PPO	Two Party	$ 2,193.00	$ 82.00	$ 22.80	$ 7.00	$27,658	$12,292	$15,366	$16,134	$16,518	$16,902	$17,670	$18,439	$19,207	$19,975	$21,512
$500/$1000 Ded	Family	$ 2,193.00	$ 114.00	$ 34.20	$ 7.00	$28,178	$12,292	$15,886	$16,655	$17,039	$17,423	$18,191	$18,959	$19,728	$20,496	$22,032
Option 3	Single	$ 2,410.00	$ 40.00	$ 11.40	$ 7.00	$29,621	$12,292	$17,329	$18,097	$18,481	$18,865	$19,634	$20,402	$21,170	$21,938	$23,475
100% PPO	Two Party	$ 2,410.00	$ 82.00	$ 22.80	$ 7.00	$30,262	$12,292	$17,970	$18,738	$19,122	$19,506	$20,274	$21,043	$21,811	$22,579	$24,116
$200/$400 Ded	Family	$ 2,410.00	$ 114.00	$ 34.20	$ 7.00	$30,782	$12,292	$18,490	$19,259	$19,643	$20,027	$20,795	$21,563	$22,332	$23,100	$24,636
Option 4	Single	$ 1,749.00	$ 40.00	$ 11.40	$ 7.00	$21,689	$12,292	$9,397	$10,165	$10,549	$10,933	$11,702	$12,470	$13,238	$14,006	$15,543
80% PPO	Two Party	$ 1,749.00	$ 82.00	$ 22.80	$ 7.00	$22,330	$12,292	$10,038	$10,806	$11,190	$11,574	$12,342	$13,111	$13,879	$14,647	$16,184
$2000/$4000 Ded	Family	$ 1,749.00	$ 114.00	$ 34.20	$ 7.00	$22,850	$12,292	$10,558	$11,327	$11,711	$12,095	$12,863	$13,631	$14,400	$15,168	$16,704
Option 5(Platinum)	Single	$ 2,040.00	$ 40.00	$ 11.40	$ 7.00	$25,181	$12,292	$12,889	$13,657	$14,041	$14,425	$15,194	$15,962	$16,730	$17,498	$19,035
ProActive Care PPO	Two Party	$ 2,040.00	$ 82.00	$ 22.80	$ 7.00	$25,822	$12,292	$13,530	$14,298	$14,682	$15,066	$15,834	$16,603	$17,371	$18,139	$19,676
$0 Deductible	Family	$ 2,040.00	$ 114.00	$ 34.20	$ 7.00	$26,342	$12,292	$14,050	$14,819	$15,203	$15,587	$16,355	$17,123	$17,892	$18,660	$20,196
Anthem HMO	Single	$ 2,086.00	$ 40.00	$ 11.40	$ 7.00	$25,733	$12,292	$13,441	$14,209	$14,593	$14,977	$15,746	$16,514	$17,282	$18,050	$19,587
	Two Party	$ 2,086.00	$ 82.00	$ 22.80	$ 7.00	$26,374	$12,292	$14,082	$14,850	$15,234	$15,618	$16,386	$17,155	$17,923	$18,691	$20,228
No Deductible	Family	$ 2,086.00	$ 114.00	$ 34.20	$ 7.00	$26,894	$12,292	$14,602	$15,371	$15,755	$16,139	$16,907	$17,675	$18,444	$19,212	$20,748
Anthem HMO PS	Single	$ 1,815.00	$ 40.00	$ 11.40	$ 7.00	$22,481	$12,292	$10,189	$10,957	$11,341	$11,725	$12,494	$13,262	$14,030	$14,798	$16,335
Limited Network	Two Party	$ 1,815.00	$ 82.00	$ 22.80	$ 7.00	$23,122	$12,292	$10,830	$11,598	$11,982	$12,366	$13,134	$13,903	$14,671	$15,439	$16,976
No Deductible	Family	$ 1,815.00	$ 114.00	$ 34.20	$ 7.00	$23,642	$12,292	$11,350	$12,119	$12,503	$12,887	$13,655	$14,423	$15,192	$15,960	$17,496
Kaiser	Single	$ 2,019.00	$ 40.00	$ 11.40	$ 7.00	$24,929	$12,292	$12,637	$13,405	$13,789	$14,173	$14,942	$15,710	$16,478	$17,246	$18,783
	Two Party	$ 2,019.00	$ 82.00	$ 22.80	$ 7.00	$25,570	$12,292	$13,278	$14,046	$14,430	$14,814	$15,582	$16,351	$17,119	$17,887	$19,424
No Deductible	Family	$ 2,019.00	$ 114.00	$ 34.20	$ 7.00	$26,090	$12,292	$13,798	$14,567	$14,951	$15,335	$16,103	$16,871	$17,640	$18,408	$19,944
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - XP Vision**	$ 855.00	$ 40.00	$ 11.40	$ 7.00	**$ 10,960.80**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	$205	$974	$1,742	$2,510	$3,278	$4,815

2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #2: Medical/Delta Preferred/VSP/Life

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)							
Medical Plan	*Tiered Dental and VSP Vision*	*Premium*	*Dental Preferred*	*VSP 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	$ 11.40	$ 7.00	$24,874	$12,292	$12,582	$13,350	$13,734	$14,118	$14,886	$15,655	$16,423	$17,191	$18,728
80% PPO	Two Party	$ 2,006.00	$ 101.00	$ 22.80	$ 7.00	$25,642	$12,292	$13,350	$14,118	$14,502	$14,886	$15,654	$16,423	$17,191	$17,959	$19,496
$500/$1000 Ded	Family	$ 2,006.00	$ 159.80	$ 34.20	$ 7.00	$26,484	$12,292	$14,192	$14,960	$15,344	$15,729	$16,497	$17,265	$18,033	$18,802	$20,338
Option 2	Single	$ 2,193.00	$ 48.40	$ 11.40	$ 7.00	$27,118	$12,292	$14,826	$15,594	$15,978	$16,362	$17,130	$17,899	$18,667	$19,435	$20,972
90% PPO	Two Party	$ 2,193.00	$ 101.00	$ 22.80	$ 7.00	$27,886	$12,292	$15,594	$16,362	$16,746	$17,130	$17,898	$18,667	$19,435	$20,203	$21,740
$500/$1000 Ded	Family	$ 2,193.00	$ 159.80	$ 34.20	$ 7.00	$28,728	$12,292	$16,436	$17,204	$17,588	$17,973	$18,741	$19,509	$20,277	$21,046	$22,582
Option 3	Single	$ 2,410.00	$ 48.40	$ 11.40	$ 7.00	$29,722	$12,292	$17,430	$18,198	$18,582	$18,966	$19,734	$20,503	$21,271	$22,039	$23,576
100% PPO	Two Party	$ 2,410.00	$ 101.00	$ 22.80	$ 7.00	$30,490	$12,292	$18,198	$18,966	$19,350	$19,734	$20,502	$21,271	$22,039	$22,807	$24,344
$200/$400 Ded	Family	$ 2,410.00	$ 159.80	$ 34.20	$ 7.00	$31,332	$12,292	$19,040	$19,808	$20,192	$20,577	$21,345	$22,113	$22,881	$23,650	$25,186
Option 4	Single	$ 1,749.00	$ 48.40	$ 11.40	$ 7.00	$21,790	$12,292	$9,498	$10,266	$10,650	$11,034	$11,802	$12,571	$13,339	$14,107	$15,644
80% PPO	Two Party	$ 1,749.00	$ 101.00	$ 22.80	$ 7.00	$22,558	$12,292	$10,266	$11,034	$11,418	$11,802	$12,570	$13,339	$14,107	$14,875	$16,412
$2000/$4000 Ded	Family	$ 1,749.00	$ 159.80	$ 34.20	$ 7.00	$23,400	$12,292	$11,108	$11,876	$12,260	$12,645	$13,413	$14,181	$14,949	$15,718	$17,254
Option 5(Platinum)	Single	$ 2,040.00	$ 48.40	$ 11.40	$ 7.00	$25,282	$12,292	$12,990	$13,758	$14,142	$14,526	$15,294	$16,063	$16,831	$17,599	$19,136
ProActive Care PPO	Two Party	$ 2,040.00	$ 101.00	$ 22.80	$ 7.00	$26,050	$12,292	$13,758	$14,526	$14,910	$15,294	$16,062	$16,831	$17,599	$18,367	$19,904
$0 Deductible	Family	$ 2,040.00	$ 159.80	$ 34.20	$ 7.00	$26,892	$12,292	$14,600	$15,368	$15,752	$16,137	$16,905	$17,673	$18,441	$19,210	$20,746
Anthem HMO	Single	$ 2,086.00	$ 48.40	$ 11.40	$ 7.00	$25,834	$12,292	$13,542	$14,310	$14,694	$15,078	$15,846	$16,615	$17,383	$18,151	$19,688
	Two Party	$ 2,086.00	$ 101.00	$ 22.80	$ 7.00	$26,602	$12,292	$14,310	$15,078	$15,462	$15,846	$16,614	$17,383	$18,151	$18,919	$20,456
No Deductible	Family	$ 2,086.00	$ 159.80	$ 34.20	$ 7.00	$27,444	$12,292	$15,152	$15,920	$16,304	$16,689	$17,457	$18,225	$18,993	$19,762	$21,298
Anthem HMO PS	Single	$ 1,815.00	$ 48.40	$ 11.40	$ 7.00	$22,582	$12,292	$10,290	$11,058	$11,442	$11,826	$12,594	$13,363	$14,131	$14,899	$16,436
Limited Network	Two Party	$ 1,815.00	$ 101.00	$ 22.80	$ 7.00	$23,350	$12,292	$11,058	$11,826	$12,210	$12,594	$13,362	$14,131	$14,899	$15,667	$17,204
No Deductible	Family	$ 1,815.00	$ 159.80	$ 34.20	$ 7.00	$24,192	$12,292	$11,900	$12,668	$13,052	$13,437	$14,205	$14,973	$15,741	$16,510	$18,046
Kaiser	Single	$ 2,019.00	$ 48.40	$ 11.40	$ 7.00	$25,030	$12,292	$12,738	$13,506	$13,890	$14,274	$15,042	$15,811	$16,579	$17,347	$18,884
	Two Party	$ 2,019.00	$ 101.00	$ 22.80	$ 7.00	$25,798	$12,292	$13,506	$14,274	$14,658	$15,042	$15,810	$16,579	$17,347	$18,115	$19,652
No Deductible	Family	$ 2,019.00	$ 159.80	$ 34.20	$ 7.00	$26,640	$12,292	$14,348	$15,116	$15,500	$15,885	$16,653	$17,421	$18,189	$18,958	$20,494
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - XP Vision**	$ 855.00	$ 48.40	$ 11.40	$ 7.00	**$ 11,061.60**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	$306	$1,074	$1,843	$2,611	$3,379	$4,916

2026-2027 CSEA/PRESCHOOL Estimated Payroll Deductions

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

								ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and VSP Vision*	*Premium*	*SISC Anthem Dental*	*VSP 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	$ 11.40	$ 7.00	$24,869	$12,292	$12,577	$13,345	$13,729	$14,113	$14,882	$15,650	$16,418	$17,186	$18,723
80% PPO	Two Party	$ 2,006.00	$ 99.00	$ 22.80	$ 7.00	$25,618	$12,292	$13,326	$14,094	$14,478	$14,862	$15,630	$16,399	$17,167	$17,935	$19,472
$500/$1000 Ded	Family	$ 2,006.00	$ 136.00	$ 34.20	$ 7.00	$26,198	$12,292	$13,906	$14,675	$15,059	$15,443	$16,211	$16,979	$17,748	$18,516	$20,052
Option 2	Single	$ 2,193.00	$ 48.00	$ 11.40	$ 7.00	$27,113	$12,292	$14,821	$15,589	$15,973	$16,357	$17,126	$17,894	$18,662	$19,430	$20,967
90% PPO	Two Party	$ 2,193.00	$ 99.00	$ 22.80	$ 7.00	$27,862	$12,292	$15,570	$16,338	$16,722	$17,106	$17,874	$18,643	$19,411	$20,179	$21,716
$500/$1000 Ded	Family	$ 2,193.00	$ 136.00	$ 34.20	$ 7.00	$28,442	$12,292	$16,150	$16,919	$17,303	$17,687	$18,455	$19,223	$19,992	$20,760	$22,296
Option 3	Single	$ 2,410.00	$ 48.00	$ 11.40	$ 7.00	$29,717	$12,292	$17,425	$18,193	$18,577	$18,961	$19,730	$20,498	$21,266	$22,034	$23,571
100% PPO	Two Party	$ 2,410.00	$ 99.00	$ 22.80	$ 7.00	$30,466	$12,292	$18,174	$18,942	$19,326	$19,710	$20,478	$21,247	$22,015	$22,783	$24,320
$200/$400 Ded	Family	$ 2,410.00	$ 136.00	$ 34.20	$ 7.00	$31,046	$12,292	$18,754	$19,523	$19,907	$20,291	$21,059	$21,827	$22,596	$23,364	$24,900
Option 4	Single	$ 1,749.00	$ 48.00	$ 11.40	$ 7.00	$21,785	$12,292	$9,493	$10,261	$10,645	$11,029	$11,798	$12,566	$13,334	$14,102	$15,639
80% PPO	Two Party	$ 1,749.00	$ 99.00	$ 22.80	$ 7.00	$22,534	$12,292	$10,242	$11,010	$11,394	$11,778	$12,546	$13,315	$14,083	$14,851	$16,388
$2000/$4000 Ded	Family	$ 1,749.00	$ 136.00	$ 34.20	$ 7.00	$23,114	$12,292	$10,822	$11,591	$11,975	$12,359	$13,127	$13,895	$14,664	$15,432	$16,968
Option 5(Platinum)	Single	$ 2,040.00	$ 48.00	$ 11.40	$ 7.00	$25,277	$12,292	$12,985	$13,753	$14,137	$14,521	$15,290	$16,058	$16,826	$17,594	$19,131
ProActive Care PPO	Two Party	$ 2,040.00	$ 99.00	$ 22.80	$ 7.00	$26,026	$12,292	$13,734	$14,502	$14,886	$15,270	$16,038	$16,807	$17,575	$18,343	$19,880
$0 Deductible	Family	$ 2,040.00	$ 136.00	$ 34.20	$ 7.00	$26,606	$12,292	$14,314	$15,083	$15,467	$15,851	$16,619	$17,387	$18,156	$18,924	$20,460
Anthem HMO	Single	$ 2,086.00	$ 48.00	$ 11.40	$ 7.00	$25,829	$12,292	$13,537	$14,305	$14,689	$15,073	$15,842	$16,610	$17,378	$18,146	$19,683
	Two Party	$ 2,086.00	$ 99.00	$ 22.80	$ 7.00	$26,578	$12,292	$14,286	$15,054	$15,438	$15,822	$16,590	$17,359	$18,127	$18,895	$20,432
No Deductible	Family	$ 2,086.00	$ 136.00	$ 34.20	$ 7.00	$27,158	$12,292	$14,866	$15,635	$16,019	$16,403	$17,171	$17,939	$18,708	$19,476	$21,012
Anthem HMO PS	Single	$ 1,815.00	$ 48.00	$ 11.40	$ 7.00	$22,577	$12,292	$10,285	$11,053	$11,437	$11,821	$12,590	$13,358	$14,126	$14,894	$16,431
Limited Network	Two Party	$ 1,815.00	$ 99.00	$ 22.80	$ 7.00	$23,326	$12,292	$11,034	$11,802	$12,186	$12,570	$13,338	$14,107	$14,875	$15,643	$17,180
No Deductible	Family	$ 1,815.00	$ 136.00	$ 34.20	$ 7.00	$23,906	$12,292	$11,614	$12,383	$12,767	$13,151	$13,919	$14,687	$15,456	$16,224	$17,760
Kaiser	Single	$ 2,019.00	$ 48.00	$ 11.40	$ 7.00	$25,025	$12,292	$12,733	$13,501	$13,885	$14,269	$15,038	$15,806	$16,574	$17,342	$18,879
	Two Party	$ 2,019.00	$ 99.00	$ 22.80	$ 7.00	$25,774	$12,292	$13,482	$14,250	$14,634	$15,018	$15,786	$16,555	$17,323	$18,091	$19,628
No Deductible	Family	$ 2,019.00	$ 136.00	$ 34.20	$ 7.00	$26,354	$12,292	$14,062	$14,831	$15,215	$15,599	$16,367	$17,135	$17,904	$18,672	$20,208
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - XP Vision**	$ 855.00	$ 48.00	$ 11.40	$ 7.00	**$ 11,056.80**	**$12,292**	**No Ded**	**No Ded**	**No Ded**	$301	$1,070	$1,838	$2,606	$3,374	$4,911