2026-2027 Retiree Premiums - LETA

Under Age 65

EFFECTIVE 10/1/2026

Anthem PPO	Option 1	Option 2	Option 3	Option 4	Anthem HMO & Kaiser HMO	Anthem Premier-Priority Select	Anthem Premier	Kaiser
Summary of Coverage	**80%**	**90%**	**100%**	**80%**	**Summary of Coverage**	**100%**	**100%**	**100%**
Deductible	$500/$1000	$200/$500	$300/$600	$2000/$4000	Inpatient Hospital	$200/Admit	$200/Admit	$0
***Out Of Pocket Maximum	$2000/$4000	$1000/$3000	$1000/$3000	$4000/$8000	***Out Of Pocket Maximum	$1500/$3000	$1500/$3000	$1500/$3000
ER Copay	$100	$100	$100	$100	ER Copay	$100	$100	$100
Office Visit Copay	$30	$20	$20	$30	Office Visit Copay	$20	$20	$30
Generic Rx Retail Copay	$10	$10	$10	$10	Generic Rx Retail Copay	$10	$10	$10
Brand Rx Deductible	$200	$200	$200	$200	Brand Rx Deductible	$200	$200	$0
Brand Rx Retail Copay	$35	$35	$35	$35	Brand Rx Retail Copay	$35	$35	$30
2026-27 Medical Premiums for Under Age 65					**2026-27 Medical Premiums for Under Age 65**			
Retiree	$1,400	$1,620	$1,676	$1,228	**Retiree Only**	$795	$908	$970
Retiree Plus One	$1,973	$2,274	$2,351	$1,737	**Retiree Plus One**	$1,547	$1,776	$1,941
Family 3 Plus	$2,507	$2,890	$2,988	$2,208	**Family 3 Plus**	$2,165	$2,487	$2,727

2026-27 Delta Dental Incentive Premiums		
Employee Only	$	50.60
Employee Plus One	$	102.00
Family 3 Plus	$	148.20
2026-27 Delta Dental Preferred Premiums		
Employee Only	$	59.40
Employee Plus One	$	120.00
Family 3 Plus	$	178.80
2026-27 SISC Dental Health Network(Anthem)		
Employee Only	$	59.00
Employee Plus One	$	118.00
Family 3 Plus	$	155.00
2026-27 EYEMED Vision Premiums		
Employee Only	$	8.90
Employee Plus One	$	17.80
Family 3 Plus	$	26.70
2026-27 XP Health Vision Premiums-Online		
Employee Only	$	10.60
Employee Plus One	$	21.20
Family 3 Plus	$	31.80

Life Insurance Premium up to Age 65(Employee Only): $11.50

***This is a summary of plans only. Can find full Explanation of Benefits on: www.leusd.k12.ca.us

2026-2027 SISC Missing Medicare Surcharges:

Missing Part A: $700
Missing Part B: $900
Missing Part A&B $1600