

Employee Health Benefits

2025 Active UnRep Management/Conf/Supv/UPE/TCS January 1, 2025 - December 31, 2025

12-Month Deductions

| | | District Pays (up to the | |
|-------------------------------------|--------------------|--------------------------|------------------|
| Medical Plans/Tiers | Full Premium | Kaiser active rate) | Employee Pays |
| Kaiser HMO | | | ı v |
| Employee Only | \$1,013.81 | \$1,013.81 | \$0.00 |
| Employee + 1 | \$2,027.62 | \$2,027.62 | \$0.00 |
| Family | \$2,869.09 | \$2,869.09 | \$0.00 |
| | | · | |
| Kaiser HSA | | | |
| Employee Only | \$836.36 | \$836.36 | \$0.00 |
| Employee + 1 | \$1,672.72 | \$1,672.72 | \$0.00 |
| Family | \$2,366.90 | \$2,366.90 | \$0.00 |
| Western Health HMO | | | |
| Employee Only | \$969.91 | \$969.91 | \$0.00 |
| Employee + 1 | \$1,934.18 | \$1,934.18 | \$0.00 |
| Family | \$2,734.52 | \$2,734.52 | \$0.00 |
| 1 anniy | Ψ2,754.52 | Ψ2,734.32 | \$0.00 |
| Western Health HSA | | | |
| Employee Only | \$681.20 | \$681.20 | \$0.00 |
| Employee + 1 | \$1,358.44 | \$1,358.44 | \$0.00 |
| Family | \$1,920.55 | \$1,920.55 | \$0.00 |
| | | | |
| Sutter Health Plus HMO | | | |
| Employee Only | \$987.80 | \$987.80 | \$0.00 |
| Employee + 1 | \$1,975.60 | \$1,975.60 | \$0.00 |
| Family | \$2,834.00 | \$2,834.00 | \$0.00 |
| Sutter Health Plus HSA | | | |
| Employee Only | \$715.50 | \$715.50 | \$0.00 |
| Employee Only Employee + 1 | \$1,431.00 | \$1,431.00 | \$0.00 |
| Family | \$2,052.70 | \$2,052.70 | \$0.00 |
| | 4=,00= | 4-,**,* | 4000 |
| Delta Dental | | | |
| Employee Only | \$56.59 | \$56.59 | \$0.00 |
| Employee + 1 | \$113.17 | \$113.17 | \$0.00 |
| Family | \$160.14 | \$160.14 | \$0.00 |
| Duamian Acass Dantal | | | |
| Premier Access Dental Employee Only | \$65.25 | \$65.25 | \$0.00 |
| Employee Only Employee + 1 | \$120.97 | \$120.97 | \$0.00 |
| Family | \$173.95 | \$173.95 | \$0.00 |
| 1 uniniy | ψ173.33 | Ψ173.93 | \$0.00 |
| VSP Vision Plan | | | |
| Employee Only | \$9.35 | \$9.35 | \$0.00 |
| Employee + 1 | \$18.70 | \$18.70 | \$0.00 |
| Family | \$32.55 | \$32.55 | \$0.00 |
| C. I'C DI | | | |
| Sun Life Plan | 012.75 | ¢12.75 | CO OO |
| Employee Only Employee + 1 | \$13.75 \$14.19 | \$13.75 \$13.75 | \$0.00 |
| Family | \$14.19 | \$13.75 | \$0.44 \$0.63 |
| 1 anny | \$14.36 | \$13./3 | 50.03 |

