EMPLOYEE CONTRIBUTIONS - Medical

The values below indicate how much you're responsible for contributing towards medical coverage. Amounts are taken directly from your paycheck each month.

Monthly rates are pro-rated for part-time employees based on your FTE. For example, if you are .80 FTE you would pay 20% of the district monthly contribution. Deductions for the medical, dental, and vision plans are taken on a pre–tax basis.[1]

Employees who work less than 12 months and pay a portion towards the cost of their benefit plans will have a double deduction taken from their June check to cover the July and August premium.

CONTRIBUTION SUMMARY (Monthly)

Benefit	2027 Total Premium	2027 District Share	2027 Employee Share	2026 Employee Share	2027 Cost Increase
Kaiser Permanente Traditional HMO					
Employee	$1,093.34	$1,093.34	**$0**	$0	$0
Employee + 1 Dependent	$2,186.68	$2,186.68	**$0**	$0	$0
Employee + Family	$3,094.15	$3,094.15	**$0**	$0	$0
Kaiser Permanente HDHP HMO - HSA Compatible (includes District HSA contribution, see below)					
Employee	$857.20	$857.20	**$0**	$0	$0
Employee + 1 Dependent	$1,714.40	$1,714.40	**$0**	$0	$0
Employee + Family	$2,425.87	$2,425.87	**$0**	$0	$0
United Healthcare Signature Value HMO					
Employee	$1,363.09	$1,093.34	**$269.75**	$68.71	$201.04
Employee + 1 Dependent	$2,718.64	$2,186.68	**$531.96**	$131.14	$400.82
Employee + Family	$3,843.68	$3,094.15	**$749.53**	$182.89	$566.64
United Healthcare HDHP PPO - HSA Compatible (includes District HSA contribution, see below)					
Employee	$1,283.74	$1,093.34	**$190.40**	$113.96	$76.44
Employee + 1 Dependent	$2,560.40	$2,186.68	**$373.72**	$221.40	$152.32
Employee + Family	$3,619.93	$3,094.15	**$525.78**	$310.48	$215.30
United Healthcare Select Plus PPO					
Employee	$3,445.14	$1,093.34	**$2,351.81**	$2,084.06	$267.75
Employee + 1 Dependent	$6,871.29	$2,186.68	**$4,684.61**	$4,150.74	$533.87
Employee + Family	$10,075.15	$3,094.15	**$6,981.00**	$6,195.66	$785.34

HDHP HSA Compatible Plan – District Contribution

For employees that enroll in one of the HDHP options the District will contribute $80/month for individuals enrolled in employee only coverage, and $160/month for employees who have also enrolled at least 1 dependent. This contribution is based on full-time employment and will be pro-rated for part-time employees.

Additional information on HSAs can be found on page 14.

[1] Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by San Ramon Valley Unified School District on behalf of your domestic partner are generally considered taxable income to you. Contact the District if you believe your domestic partner is exempt from federal or state taxes.

EMPLOYEE CONTRIBUTIONS – Dental & Vision

The values below indicate how much you're responsible for contributing towards dental and vision coverage. These amounts are taken directly from your paycheck each month.

Monthly rates are pro-rated for part-time employees based on your FTE. For example, if you are .80 FTE you would pay 20% of the district monthly contribution. Deductions for the medical, dental, and vision plans are taken on a pre–tax basis.[1]

Employees who work less than 12 months and pay a portion towards the cost of their benefit plans will have a double deduction taken from their June check to cover the July and August premium.

During this Open Enrollment period, anyone who has not previously enrolled in the Dental or Vision coverage through The District will be eligible to do so! Please note that there is a two-year commitment with enrolling in these plans. You cannot cancel during that time, unless you have a qualified status change. If you cancel for any reason, there is also a 24-month waiting period to re-enroll and the benefit level is reset at 70%. If you have any questions regarding these plans, please contact Human Resources.

CONTRIBUTION SUMMARY (Monthly)

Benefit	2027 Total Premium	2027 District Share	2027 Employee Share	2026 Employee Share	2027 Cost Increase
Delta Dental (Base Plan)					
Employee	$58.95	$58.95	**$0**	$0	$0
Employee + 1 Dependent	$117.93	$117.93	**$0**	$0	$0
Employee + Family	$170.94	$170.94	**$0**	$0	$0
Delta Dental (Buy-Up Plan)					
Employee	$74.03	$58.95	**$15.08**	$14.61	$0.47
Employee + 1 Dependent	$148.13	$117.93	**$30.20**	$29.25	$0.95
Employee + Family	$214.71	$170.94	**$43.77**	$42.39	$1.38
VSP Vision					
Employee	$8.38	$8.38	**$0**	$0	$0
Employee + 1 Dependent	$16.74	$16.74	**$0**	$0	$0
Employee + Family	$24.28	$24.28	**$0**	$0	$0

[1] Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by San Ramon Valley Unified School District on behalf of your domestic partner are generally considered taxable income to you. Contact the District if you believe your domestic partner is exempt from federal or state taxes.

