

YCCD Certificated			
Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
PPO Plan			
Premier Plus Plan	\$ 2,623.53	\$ 1,924.26	\$ 699.27
Premier	\$ 2,222.08	\$ 1,723.54	\$ 498.54
Standard	\$ 1,852.10	\$ 1,538.55	\$ 313.55
Basic	\$ 1,594.95	\$ 1,409.98	\$ 184.97
High Deductible	\$ 1,129.49	\$ 1,129.49	
HMO			
Kaiser High \$10 OV Copay Plan	\$ 2,805.00	\$ 2,015.00	\$ 790.00
Kaiser Low \$20 OV Copay Plan	\$ 2,638.00	\$ 1,931.50	\$ 706.50
Kaiser \$3,000 Virtual Complete Plan	\$ 1,808.00	\$ 1,516.50	\$ 291.50
Kaiser \$1,800 High Deductible Plan (HAS Qualified HMO)	\$ 2,050.00	\$ 1,637.50	\$ 412.50
HSA or 403(b) Contributions*			
High Deductible Plan	\$ -	\$ 72.00	
*Flexible Benefit Options: Please refer to the FAYCCD CBA for information on flexible benefit options.			
Dental/Vision			
Dental - D4B	\$ 133.00	\$ 133.00	\$ -
Vision - Plan C	\$ 29.00	\$ 29.00	\$ -