

YCCD Classified Professionals			
Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
PPO Plan			
Premier Plus Plan	\$ 2,622.00	\$ 1,750.00	\$ 872.00
Premier Plan	\$ 2,222.00	\$ 1,750.00	\$ 472.00
Standard Plan	\$ 1,852.00	\$ 1,750.00	\$ 102.00
Basic Plan	\$ 1,595.00	\$ 1,595.00	\$ -
High Deductible Plan	\$ 1,129.00	\$ 1,129.00	\$ -
HMO			
Kaiser High \$10 OV Copay Plan	\$ 2,805.00	\$ 1,750.00	\$ 1,055.00
Kaiser Low \$20 OV Copay Plan	\$ 2,638.00	\$ 1,750.00	\$ 888.00
Kaiser \$3,000 Virtual Complete Plan	\$ 1,808.00	\$ 1,750.00	\$ 58.00
Kaiser \$1,800 High Deductible Plan (HSA Qualified HMO)	\$ 2,050.00	\$ 1,750.00	\$ 300.00
HSA or 403(b) Contributions*			
Basic Plan	\$ 116.25	\$ 116.25	\$ -
High Deductible Plan	\$ 465.75	\$ 465.75	\$ -
*Flexible Benefit Options: Please refer to the CSEA CBA for information on flexible benefit options.			
Dental/Vision			
Dental - D3B	\$ 128.00	\$ 128.00	\$ -
Vision - Plan C	\$ 29.00	\$ 29.00	\$ -