YCCD Certificated

2025-2026 Plan Rates

Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
PPO Plan			
Premier Plus Plan	$3,067.00	$2,146.00	$921.00
Premier Plan	$2,597.00	$1,911.00	$686.00
Standard Plan	$2,164.00	$1,694.50	$469.50
Basic Plan	$1,864.00	$1,544.50	$319.50
PPO Low Plan	$1,398.00	$1,311.50	$86.50
High Deductible Plan (CDHP)	$1,485.00	$1,355.00	$130.00
High Deductible Low Plan (CDHP LOW)	$1,343.00	$1,284.00	$59.00
HMO			
Kaiser High $10 OV Copay Plan	$3,560.00	$2,392.00	$1,167.50
Kaiser Low $20 OV Copay Plan	$3,348.00	$2,286.50	$1,061.50
Kaiser $3,000 Virtual Complete Plan	$2,294.00	$1,759.50	$534.50
Kaiser $1,800 High Deductible Plan (HSA Qualified HMO)	$2,602.00	$1,913.50	$688.50
Dental/Vision			
Delta Dental - D3B	$134.00	$134.00	$0.00
Ameritas Dental - Plan 12 A3B	$134.00	$134.00	$0.00
Vision - Plan C	$29.00	$29.00	$0.00

YCCD
YUBA COMMUNITY
COLLEGE DISTRICT