

YCCD Classified Professionals

2025-2026 Plan Rates

Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
PPO Plan			
Premier Plus Plan	\$3,067.00	\$1,750.00	\$1,317.00
Premier Plan	\$2,597.00	\$1,750.00	\$847.00
Standard Plan	\$2,164.00	\$1,750.00	\$414.00
Basic Plan	\$1,864.00	\$1,750.00	\$114.00
PPO Low Plan	\$1,398.00	\$1,750.00	\$0.00
High Deductible Plan (CDHP)	\$1,485.00	\$1,750.00	\$0.00
High Deductible Low Plan (CDHP LOW)	\$1,343.00	\$1,750.00	\$0.00
HMO			
Kaiser High \$10 OV Copay Plan	\$3,560.00	\$1,750.00	\$1,810.00
Kaiser Low \$20 OV Copay Plan	\$3,348.00	\$1,750.00	\$1,598.00
Kaiser \$3,000 Virtual Complete Plan	\$2,294.00	\$1,750.00	\$544.00
Kaiser \$1,800 High Deductible Plan (HSA Qualified HMO)	\$2,602.00	\$1,750.00	\$852.00
Dental/Vision			
Delta Dental - D3B	\$128.00	\$128.00	\$0.00
Ameritas Dental - Plan 12 A3B	\$128.00	\$128.00	\$0.00
Vision - Plan C	\$29.00	\$29.00	\$0.00
HSA and/or 403(b) Contributions*			
	YCCD Monthly Contribution		
PPO Low - 403(b)	\$264.00		
CDHP Low - HSA	\$305.25		
CDHP - HSA	\$198.75		

*Flexible Benefit Options: Please refer to the CSEA CBA for information on flexible benefit options

