

## YCCD Certificated 2026-2027 Plan Rates

Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
Premier Plus Plan	\$3,215.00	\$2,146.00	\$1,069.00
Premier Plan	\$2,722.00	\$1,911.00	\$811.00
Standard Plan	\$2,268.00	\$1,694.50	\$573.50
Basic Plan	\$1,954.00	\$1,544.50	\$409.50
PPO Low Plan	\$1,644.00	\$1,311.50	\$332.50
PPO 6000	\$1,460.00	\$1,342.00	\$117.00
High Deductible Plan (CDHP)	\$1,747.00	\$1,355.00	\$392.00
High Deductible Low Plan (CDHP LOW)	\$1,580.00	\$1,284.00	\$296.00
<b>HMO</b>			
Kaiser High \$10 OV Copay Plan	\$3,916.00	\$1,225.00	\$2,691.00
Kaiser Low \$20 OV Copay Plan	\$3,683.00	\$1,225.00	\$2,458.00
Kaiser \$3,000 Virtual Complete Plan	\$2,523.00	\$1,225.00	\$1,298.00
Kaiser \$1,800 High Deductible Plan (HSA Qualified HMO)	\$2,862.00	\$1,225.00	\$1,637.00
<b>Dental/Vision</b>			
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

