YCCD Certificated

2026-2027 Plan Rates

Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
Premier Plus Plan	$3,215.00	$2,220.00	$995.00
Premier Plan	$2,722.00	$1,973.50	$748.50
Standard Plan	$2,268.00	$1,746.50	$521.50
Basic Plan	$1,954.00	$1,589.50	$364.50
PPO Low Plan	$1,644.00	$1,434.50	$209.50
PPO 6000	$1,460.00	$1,342.50	$117.50
High Deductible Plan (CDHP)	$1,741.00	$1,483.00	$258.00
High Deductible Low Plan (CDHP LOW)	$1,580.00	$1,402.50	$177.50
HMO			
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
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