

YCCD Classified Professionals

2026-2027 Plan Rates

Plan Name	Total Monthly Premium	YCCD Monthly Contribution	Employee Monthly Contribution
Premier Plus Plan	\$3,215.00	\$1,970.00	\$1,245.00
Premier Plan	\$2,722.00	\$1,970.00	\$752.00
Standard Plan	\$2,268.00	\$1,970.00	\$298.00
PPO Low	\$1,644.00	\$1,970.00	\$0.00
Basic Plan	\$1,954.00	\$1,970.00	\$0.00
PPO 6000	\$1,460.00	\$1,970.00	\$0.00
High Deductible Plan (CDHP)	\$1,747.00	\$1,970.00	\$0.00
High Deductible Low Plan (CDHP LOW)	\$1,580.00	\$1,970.00	\$0.00
HMO			
Kaiser High \$10 OV Copay Plan	\$3,916.00	\$1,970.00	\$1,946.00
Kaiser Low \$20 OV Copay Plan	\$3,683.00	\$1,970.00	\$1,713.00
Kaiser \$3,000 Virtual Complete Plan	\$2,523.00	\$1,970.00	\$553.00
Kaiser \$1,800 High Deductible Plan (HSA Qualified HMO)	\$2,862.00	\$1,970.00	\$892.00
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		
Basic Plan - 403(b)	\$16.00		
PPO Low - 403(b)	\$244.50		
PPO 6000 - 403(b)	\$382.50		
CDHP Low - HSA	\$292.50		
CDHP - HSA	\$167.25		

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

