

YCCD Certificated			
Plan Name	Total Monthly Premium	YCCD Monthly Contribution*	Employee Monthly Contribution**
PPO Plan			
Premier Plus Plan	\$ 2,623.00	\$ 1,924.00	\$ 699.00
Premier	\$ 2,222.00	\$ 1,723.50	\$ 498.50
Standard	\$ 1,852.00	\$ 1,538.50	\$ 313.50
Basic	\$ 1,595.00	\$ 1,410.00	\$ 185.00
High Deductible	\$ 1,129.00	\$ 1,129.49	\$ -
*YCCD Monthly contribution includes a Soft Cap of \$1225 and 1/2 of the remaining amount above the soft cap (50/50 split).			
** Employee Monthly contribution is equal to 1/2 of the remaining amount above the soft cap of \$1225 (50/50 split).			
HMO			
Kaiser High \$10 OV Copay Plan	\$ 2,805.00	\$ 1,225.00	\$ 1,580.00
Kaiser Low \$20 OV Copay Plan	\$ 2,638.00	\$ 1,225.00	\$ 1,413.00
Kaiser \$3,000 Virtual Complete Plan	\$ 1,808.00	\$ 1,225.00	\$ 583.00
Kaiser \$1,800 High Deductible Plan (HAS Qualified HMO)	\$ 2,050.00	\$ 1,225.00	\$ 825.00
HSA or 403(b) Contributions*			
High Deductible Plan	\$ -	\$ 72.00	
*Flexible Benefit Options: Please refer to the FAYCCD CBA for information on flexible benefit options.			
Dental/Vision			
Dental - D4B	\$ 133.00	\$ 133.00	\$ -
Vision - Plan C	\$ 29.00	\$ 29.00	\$ -