

**San Leandro Unified School District
Monthly Premium Rate Sheet
2027**

		<u>EMP ONLY</u>	<u>EMP+ 1 DEP</u>	<u>EMP+ 2 OR MORE</u>
Dental Plans SLTA				
Delta Dental PPO		58.80	120.90	174.30
Delta Care USA		20.10	32.70	48.10
Dental Plans MGMT, T/T & CSEA				
Delta Dental PPO	MGMT, T/T & CSEA	70.60	125.40	175.40
Delta Care USA	MGMT,T/T&CSEA	20.10	32.70	48.10
Vision Plan				
VSP		12.53	19.47	30.88
CalPERS Health Plans Rates				
HMO Plans				
Kaiser		1187.63	2375.26	3087.84
Anthem Select HMO		1486.44	2972.88	3864.74
Anthem Traditional HMO		1732.52	3465.04	4504.55
Blue Shield Access+ HMO		1479.12	2958.24	3845.71
PPO Plans				
PERS Platinum		1778.62	3557.24	4624.41
PERS Gold		1215.17	2430.34	3159.44

PLEASE NOTE:

All Premium amounts are monthly and based on 12 checks, depending on your pay cycle, premiums may be inflated to cover summer months

Fringe:

CSEA \$5755.68 for 12 month employees

Teamster/Trades \$5755.68 for 12 month employees

* Fringe amount will be prorated for unit members who work less than 12 months