



Employee Health Benefit  
 2025 SEIU/Teamsters Early Retiree 50% Rate She  
 January 1, 2025 - December 31, 2025

12-Month Deductions

| Medical Plans/Tiers           | Full Premium | District Pays (up to 50% of the Kaiser active rate) | Retiree Pays |
|-------------------------------|--------------|---|--------------|
| <b>Kaiser HMO</b>             |              |   |              |
| Retiree Only                  | \$1,013.81   | \$506.91  | \$506.90     |
| Retiree + 1                   | \$2,027.62   | \$506.91  | \$1,520.71   |
| Family                        | \$2,869.09   | \$506.91  | \$2,362.18   |
| <b>Kaiser HSA</b>             |              |   |              |
| Retiree Only                  | \$836.36     | \$418.18  | \$418.18     |
| Retiree + 1                   | \$1,672.72   | \$418.18  | \$1,254.54   |
| Family                        | \$2,366.90   | \$418.18  | \$1,948.72   |
| <b>Western Health HMO</b>     |              |   |              |
| Retiree Only                  | \$969.91     | \$484.96  | \$484.95     |
| Retiree + 1                   | \$1,934.18   | \$484.96  | \$1,449.22   |
| Family                        | \$2,734.52   | \$484.96  | \$2,249.56   |
| <b>Western Health HSA</b>     |              |   |              |
| Retiree Only                  | \$681.20     | \$340.60  | \$340.60     |
| Retiree + 1                   | \$1,358.44   | \$340.60  | \$1,017.84   |
| Family                        | \$1,920.55   | \$340.60  | \$1,579.95   |
| <b>Sutter Health Plus HMO</b> |              |   |              |
| Retiree Only                  | \$987.80     | \$493.90  | \$493.90     |
| Retiree + 1                   | \$1,975.60   | \$493.90  | \$1,481.70   |
| Family                        | \$2,834.00   | \$493.90  | \$2,340.10   |
| <b>Sutter Health Plus HSA</b> |              |   |              |
| Retiree Only                  | \$715.50     | \$357.75  | \$357.75     |
| Retiree + 1                   | \$1,431.00   | \$357.75  | \$1,073.25   |
| Family                        | \$2,052.70   | \$357.75  | \$1,694.95   |

|                        |          |        |          |
|------------------------|----------|--------|----------|
| <b>Delta Dental</b>    |          |        |          |
| Retiree Only           | \$56.59  | \$0.00 | \$56.59  |
| Retiree + 1            | \$113.17 | \$0.00 | \$113.17 |
| Family                 | \$160.14 | \$0.00 | \$160.14 |
| <b>VSP Vision Plan</b> |          |        |          |
| Retiree Only           | \$5.80   | \$0.00 | \$5.80   |
| Retiree + 1            | \$11.59  | \$0.00 | \$11.59  |
| Family                 | \$19.31  | \$0.00 | \$19.31  |
| <b>Sun Life Plan</b>   |          |        |          |
| Retiree Only           | \$1.80   | \$0.00 | \$1.80   |
| Retiree + 1            | \$2.28   | \$0.00 | \$2.28   |