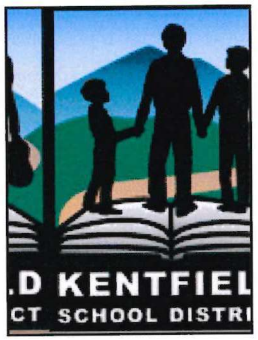

KENTFIELD SCHOOL DISTRICT

HEALTH AND WELFARE BENEFITS
OCTOBER 1, 2025 - SEPTEMBER 30, 2026
SISC (SELF INSURED SCHOOLS OF CALIFORNIA)

KENTFIELD SCHOOL DISTRICT
2025-2026 Health Benefits

	Insurance District Cap:	Single Two-Party	$ 1,023.00 $ 2,046.00	Medical Insurance Waiver * Per Month Cash In Lieu =
KAISER ACTIVE EMPLOYEES & COBRA	2025-2026 Monthly Rate	District Contribution	Employee 125/Plan Contribution	50% x $804 (Single Cap Rounded to the next $10) x 12 / 11 = $438.55 *Not offered to employees new to the District after July 1, 2004

KAISER HMO TRADITIONAL w/Chiropractic *606394-0042ABN Active*
$10 Office Visit, $10 Rx, $100 Emergency Room

Single	District pays cost of employee	$ 1,023.00	$ 1,023.00	$ -	**
Two-Party	plus one additional family member	$ 2,046.00	$ 2,046.00	$ -	**
Family	up to the capped limit.	$ 2,895.00	$ 2,046.00	$ 849.00	**
Chiropractic	***$10 co-pay / 30 visits***				

KAISER HMO DEDUCTIBLE w/Chiropractic *606394-0046ABN Active*
$20 Office Visit, $10/$30/$60 Rx, 10% Emergency Room, 10% Hospital after deductible

Single	District pays cost of employee	$ 951.00	$ 951.00	$ -	**
Two-Party	plus one additional family member	$ 1,902.00	$ 1,902.00	$ -	**
Family	up to the capped limit.	$ 2,692.00	$ 2,046.00	$ 646.00	**
Chiropractic	***$10 co-pay / 30 visits***				

KAISER HEALTH SAVINGS ACCOUNT (HSA) *606394-0048ABN Active*
Deductible $1,500/$3,000, Maximum Out-of-Pocket $3,000/$6,000
$10% Office Visit, $10/$30/$60 Rx, 10% Emergency Room, 10% Hospital after deductible

Single	District pays cost of employee	$ 788.00	$ 788.00	$ -	**
Two-Party	plus one additional family member	$ 1,577.00	$ 1,577.00	$ -	**
Family	up to the capped limit.	$ 2,231.00	$ 2,046.00	$ 185.00	**
Chiropractic	***None***				

***** All Employee Calculations are subject to change based on FTE***

BLUE SHIELD ACTIVE EMPLOYEES & COBRA

		Monthly Rate	District Contribution	Employee 125/Plan Contribution	
BLUE SHIELD PPO 100% PLAN A				*523310P011000 Active*	
$20 Office Visit, $5/$20/$50 Rx, $100 Emergency Room					
Single	District pays cost of employee	$ 1,451.00	$ 1,023.00	$ 428.00	**
Two-Party	plus one additional family member	$ 2,913.00	$ 2,046.00	$ 867.00	**
Family	up to the capped limit.	$ 4,141.00	$ 2,046.00	$ 2,095.00	**
Chiropractic	***$0 co-pay / 20 visits***				
BLUE SHIELD PPO 80% PLAN E				*523310P021000 Active*	
$20 Office Visit, $7/$25/$60 Rx, 20% - $100 Emergency Room, 20% after deductable					
Single	District pays cost of employee	$ 1,239.00	$ 1,023.00	$ 216.00	**
Two-Party	plus one additional family member	$ 2,483.00	$ 2,046.00	$ 437.00	**
Family	up to the capped limit.	$ 3,525.00	$ 2,046.00	$ 1,479.00	**
Chiropractic	***20% co-pay / 20 visits***				
BLUE SHIELD HEALTH SAVINGS ACCOUNT - (HSA - A)				*523310P041000 Active*	
10% Office Visit, $9/$35/$90 Rx after deductible, $100 Emergency, Room 10% after deductable					
Single	District pays cost of employee	$ 991.00	$ 991.00	$ -	**
Two-Party	plus one additional family member	$ 1,981.00	$ 1,981.00	$ -	**
Family	up to the capped limit.	$ 2,808.00	$ 2,046.00	$ 762.00	**
Chiropractic	***10% - limits apply***				

***** All Employee Calculations are subject to change based on FTE***

DENTAL AND VISION ACTIVE & COBRA
INCOME PROTECTION

		Monthly Rate	District Contribution	Employee 125/Plan Contribution
DELTA DENTAL				*7302-1101 Active*
Single	District pays cost of employee only.	$ 59.52	$ 59.52	$ -
Two-Party		$ 119.05	$ 59.52	$ 59.53
Family		$ 172.62	$ 59.52	$ 113.10
VISION SERVICE PLAN				*30081850 Active*
Single	District pays cost of employee only.	$ 19.32	$ 19.32	$ -

THE HARTFORD - LONG TERM DISABILITY - Income Protection .408% of monthly gross salaries - Paid by District (Certificated & Classified)

METROPOLITAN LIFE INSURANCE	$ 5.40	$30,000	Life Insurance Policy **

(** Effective 7/1/2015 must work 12 months, 8 hours a day to be eligible.)

Open enrollment: September of each year.

Effective as of July 1, 1994, and as per our agreements with employee groups, newly hired certificated employees who work 1/2 time (FTE .50) or more, and newly hired classified employees who work 20 or more hours per week are eligible for District-paid health benefits, prorated.

KAISER AND BLUE SHIELD RETIREES - (AGE 65 +)		Monthly Rate	District Contribution	Retiree Self-Pay
KAISER HMO TRADITIONAL RETIREE - Senior Advantage w/Chiropractic				
$10 Office Visit, $10 Rx, $100 Emergency Room				*606321-0002 RBN_2WM w/Medicare Ret 65+*
Single		$ 351.00	$ -	$ 351.00
Two-Party		$ 702.00	$ -	$ 702.00
Family		$ 1,556.00	$ -	$ 1,556.00
Chiropractic	***$10 co-pay / 30 visits***			
BLUE SHIELD PPO 100% PLAN A RETIREE - Age 65 and Older				
$20 Office Visit, $5/$20/$50 Rx, $100 Emergency Room				*523310P011002 Ret 65+*
Single		$ 1,451.00	$ -	$ 1,451.00
Two-Party		$ 2,913.00	$ -	$ 2,913.00
Family		$ 4,141.00	$ -	$ 4,141.00
Chiropractic	***$0 co-pay / 20 visits***			
BLUE SHIELD PPO 80% PLAN E RETIREE - Age 65 and Older				*523310P021002 Ret 65+*
$20 Office Visit, $7/$25/$60 Rx, 20% - $100 Emergency Room, 20% after deductable				
Single		$ 1,239.00	$ -	$ 1,239.00
Two-Party		$ 2,483.00	$ -	$ 2,483.00
Family		$ 3,525.00	$ -	$ 3,525.00
Chiropractic	***20% co-pay / 20 visits***			

Kaiser
Medical Insurance Plans Comparison
October 1, 2025 - September 30, 2026

Co-Payments	Kaiser HMO Traditional	Kaiser HMO $500 Deductable	Kaiser Health Savings
Office Visits	$10	$20	10% Coinsurance after Deductable
Pharmacy Rx:			
Generic Rx	$10	$10	$10
Brand Rx	$10	$30	$30
Specialty Rx - 30 day	$10	$30	$30
Days Rx Supply	100	30	30
Mail Order Rx:			
Generic Rx	$10	$20	$20
Brand Rx	$10	$60	$60
Specialty Rx - 30 day	$10	N/A	N/A
Days Rx Supply	100	100	100
Hospital Emergency Rm.	$100	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Hospital Inpatient Co-Pay	$0	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Maximum Out-of-Pocket:			
Employee Only	$1,500	$3,000	$3,000
Employee + 1	$3,000	$6,000	$6,000
Family	$3,000	$6,000	$6,000
Chiropractic	$10/30 visits	$10/30 visits	N/A
Mental Health/Chemical Dependency	$10	10% Coinsurance after Deductable	10% Coinsurance after Deductable
Optical	N/A	N/A	N/A

Blue Shield PPO Plans
Medical Insurance Plans Comparison
October 1, 2025- September 30, 2026

Co-Payments	Blue Shield - Plan A 100%	Blue Shield - Plan E 80%	Blue Shield - (HSA - A) Health Savings Account
Office Visits	$20	$20	10%
Pharmacy Rx:			
Generic Rx	$5	$7	$9
Generic Rx (Costco)	Free	Free	
Brand Rx	$20	$25	$35
Brand Rx (Costco)	$20 - $50	$25 - $60	$35 -$90
Specialty Rx	N/A	N/A	
Days Rx Supply	30 - 90	30 - 90	30 - 90
Mail Order Rx:			
Generic Rx (Costco)	Free	Free	Free
Brand Rx (Costco)	$50	$60	$90
Specialty Rx	N/A	N/A	N/A
Days Rx Supply	90	90	90
Hospital Emergency Rm.	$100	20% after deductible	$100, 10% after deductable
Hospital Inpatient Co-Pay	$0	20% after deductible	10%
Maximum Out-of-Pocket:			
Employee Only	$1,000	$1,000	$3,400
Employee + 1	$2,000	$2,000	$6,800
Family	$3,000	$3,000	$6,800
Chiropractic	no charge/20 visits	20%	10%
Mental Health/Chemical Dependency	$20	$20	10%

KENTFIELD SCHOOL DISTRICT

2025-26

Delta Dental & VSP Benefits

DENTAL		Dental Monthly Rate	District Contribution	Employee 125/Plan Contribution	% Increase/Decrease
DELTA DENTAL					
Single	District pays cost of employee only	$ 59.52	$ 59.52	$ -	
Two-Party		$ 119.05	$ 59.52	$ 59.53	
Family		$ 172.62	$ 59.52	$ 113.10	0.00%

VISION		Vision Monthly Rate	District Contribution	Employee 125/Plan Contribution	% Increase/Decrease
VISION SERVICE PLAN					
Single	District pays cost of employee only	$ 17.07	$ 17.07	$ -	0.00%