

**PETALUMA CITY SCHOOLS**  
**2025/2026 CERTIFICATED EMPLOYEE MONTHLY PREMIUMS**  
**Effective 10/1/25 - 9/30/26**



| COMPOSITE RATES        | HIGH                  | MID                   | LOW                 |
|------------------------|-----------------------|-----------------------|---------------------|
| Single, Double, Family | \$2,490.00            | \$2,155.00            | \$1,579.00          |
| Cost to FT Employee    | (\$1,369.87 over Cap) | (\$1,034.87 over Cap) | (\$458.87 over Cap) |

\*Kaiser High & Mid - Includes Chiropractic and Vision

\*\*Kaiser Low - No Chiropractic or Vision (Vision available through Vision Service Plan)



| COMPOSITE RATES        | 90%                   | 80%                 | HIGH DEDUCTIBLE     | WABE           |
|------------------------|-----------------------|---------------------|---------------------|----------------|
| Single, Double, Family | \$2,216.00            | \$1,957.00          | \$1,474.00          | \$825.00       |
| Cost to FT Employee    | (\$1,095.87 over Cap) | (\$836.87 over Cap) | (\$353.87 over Cap) | (\$0 over Cap) |

| BLUE SHIELD ANCHOR BRONZE (MINIMUM VALUE PLAN - TIERED RATES) |                    |
|---------------------------------------------------------------|--------------------|
| Single (Employee Only)                                        | \$825.00           |
| Cost to FT Employee                                           | (\$0 over Cap)     |
| Employee + Child(ren)                                         | \$1,314.00         |
| Cost to FT Employee                                           | (\$95.87 over Cap) |

\*Coverage available for Employee OR Employee + Child(ren) only

\*\*Spouses / Domestic Partners are not eligible for this plan



| COMPOSITE RATES        |                | COMPOSITE RATES     |                |
|------------------------|----------------|---------------------|----------------|
| Single, Double, Family | \$111.00       | Single              | \$29.00        |
| Cost to FT Employee    | (\$0 over Cap) | Cost to FT Employee | (\$0 over Cap) |



| LIFE INSURANCE                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------|
| \$5.55 per Month                                                                                                         |
| <i>*100% of premium paid in full for the following: Classified - 6 hours per day / Certificated - .75 FTE to 1.0 FTE</i> |

| DISTRICT CAP                               |
|--------------------------------------------|
| \$1,120.13 per Month – Full Time Employees |
| <i>*Part-Time Employees are prorated.</i>  |