TEMECULA VALLEY
UNIFIED SCHOOL DISTRICT

**APPENDIX B-6**

# TEMECULA VALLEY UNIFIED SCHOOL DISTRICT
# CERTIFICATED HEALTH AND WELFARE BENEFITS INFORMATION
# 2025-2026 ANNUAL INSURANCE RATES

1. **Life Insurance $25,000**
   Full-time Employee $41.72

2. **Delta Dental & VSP Vision Insurance**
   Full-time Employee, including dependents $1,209.60

   **Delta Dental w/ Orthodontia & VSP Vision Insurance**
   Full-time Employee, including dependents $1,600.80

   **Delta Dental & XP Vision Insurance**
   Full-time Employee, including dependents $1,303.20

   **Delta Dental w/ Orthodontia & XP Vision Insurance**
   Full-time Employee, including dependents $1,694.40

3. **Medical Insurance**
   Full-time Employee, including dependents

| Plan Options | Medical/Dental/Vision Monthly District Contribution | Medical/Dental/Vision** Monthly Full Time Employee Cost |
|---|---|---|
| SISC - PPO 40464A | $937.25 | $1214.55 |
| SISC - PPO 40464B | $937.25 | $523.55 |
| SISC - PPO 40464C | $937.25 | $886.55 |
| SISC - PPO 40464G | $937.25 | $1013.55 |
| SISC - HSA-A | $937.25 | $699.55 |
| SISC - HMO 57AHCA | $937.25 | $919.55 |
| SISC - KAISER | $937.25 | $1000.55 |
| SISC – Anchor Bronze (EE only)* | $768.00 | $0.00 |
| SISC – Anchor Bronze (EE + Child(ren))* | $937.25 | $287.75 |
| **Total Annual District Contribution** | **$11,247.00** | |

*Anchor Bronze plans exclude dental/vision coverage and spouse/registered domestic partner.
***Assumes VSP* Vision and Delta Dental coverage without Orthodontia. XP Vision and Delta Premier are available for an additional cost.

Effective: 10/1/2025