

Employee Deductions			
DENTAL PLAN SELECTED	Kaiser HMO	Blue Shield HMO 10 Trio Network	Blue Shield HMO 10 Full Network
11 Month + Delta Dental Incentive PPO	\$86.51	\$66.88	\$232.69
11 Month + Delta Dental PPO	\$78.41	\$58.77	\$224.59
11 Month + Deltacare USA DHMO	\$74.79	\$55.15	\$220.97
12 Month + Delta Dental Incentive PPO	\$79.30	\$61.30	\$213.30
12 Month + Delta Dental PPO	\$71.87	\$53.87	\$205.87
12 Month + Deltacare USA DHMO	\$68.55	\$50.55	\$202.55

MEDICAL PLAN FEATURES	Kaiser Providers and Facilities	In-Network Only	In-Network Only
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)	None	None	None
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay – Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay	\$10 copay / \$10 copay
Inpatient Hospitalization	No cost	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$10 copay	\$10 copay
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse – Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost	\$10 copay / No cost
Chiropractic Copay	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

PRESCRIPTION DRUGS	Kaiser Pharmacy	Navitus	Navitus
Out-of-Pocket Max – Individual / Family	Included in Medical	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail: 30 Day Supply – Generic/Brand	\$5/\$20	Network \$7/\$25 Costco \$0/\$25	Network \$7/\$25 Costco \$0/\$25
Mail Order – Generic/Brand – Supply Limit	\$10/\$40 61 – 100 Days	\$0/\$60 90 Days	\$0/\$60 90 Days

	Delta Dental PPO-Incentive		Delta Dental PPO	
Dependents	11 Mo.	12 Mo	11 Mo.	12 Mo
Plus one dependent	\$ 72.04	\$ 66.04	\$ 65.05	\$ 59.63
Plus 2 or more dependents	\$ 133.93	\$ 122.77	\$ 120.89	\$ 110.82

There is no cost to add Dependents on the DeltaCare USA DHMO plan.

Calculate your Payroll Deduction for your Core Benefits	
Rate for Benefit Package	
Cost to add Dependent to PPO Dental Plan	+
Total Paycheck Deduction for Core Benefits	=

2025-2026 / Revised 07.25.2025

Employee Deductions		
DENTAL PLAN SELECTED	Blue Shield PPO 100-B	Blue Shield PPO 80-G
11 Mo. + Delta Dental Incentive PPO	\$485.79	\$86.51
11 Mo. + Delta Dental PPO	\$477.68	\$78.41
11 Mo. + Deltacare USA DHMO	\$474.06	\$74.79
12 Mo. + Delta Dental Incentive PPO	\$445.30	\$79.30
12 Mo. + Delta Dental PPO	\$437.87	\$71.87
12 Mo. + Deltacare USA DHMO	\$434.55	\$68.55

MEDICAL PLAN FEATURES	In-Network	In-Network
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual) – Individual / Family	\$100 / \$300	\$500 / \$1,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000
Co-Insurance (After Deductible)	0%	20%
Office Visit Copay – Primary Physician/Specialist	\$20 copay	\$30 copay
Inpatient Hospitalization	Ded, 0%	Ded, 20%
Outpatient Diagnostic Tests	Ded, 0%	Ded, 20%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%
Urgent Care Copay	\$20 copay	\$30 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse – Outpatient Copay/Inpatient	\$20 copay / Ded, 0%	\$30 copay / Ded, 20%
Chiropractic Copay	Ded, 0% (limits apply)	Ded, 20% (limits apply)
PRESCRIPTION DRUGS	Navitus	Navitus
Out-of-Pocket Max – Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail: 30 Day Supply – Generic/Brand	Network: \$7/\$25 Costco: \$0/\$25	Network: \$7/\$25 Costco: \$0/\$25
Mail Order : 90 Day Supply – Generic/Brand	\$0/\$60	\$0/\$60

DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For the 2025-2026 Medical Benefit Year, PSUSD contributes towards the cost of the benefit package based on the medical and dental plan you select. If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 Month payroll deductions using pre-tax dollars.

The tables above reflect rates for the Employee + Family Medical, Employee + Family Vision, and Dental for Employee Only. For each added Dependent enrolled in a PPO Dental plan, there will be an additional cost. There is no cost to add Dependents to the DeltaCARE USA DHMO plan.

Anthem Platinum+ Proactive Care PPO Plans

With this plan, there are \$0 copays for key services like primary care, urgent care, mental health, physical therapy, and most lab work. Get predictable costs, access to the full Anthem Prudent Buyer PPO network, and an enhanced Navitus pharmacy benefit with more \$0-cost prescriptions. For more details, [click here](#).

NEW!!

Employee Deductions	
DENTAL PLAN SELECTED	Platinum+ Proactive Care PPO
11 Mo. + Delta Dental Incentive PPO	\$322.15
11 Mo. + Delta Dental PPO	\$314.04
11 Mo. + Deltacare USA DHMO	\$310.42
12 Mo. + Delta Dental Incentive PPO	\$295.30
12 Mo. + Delta Dental PPO	\$287.87
12 Mo. + Deltacare USA DHMO	\$284.55

MEDICAL PLAN FEATURES	In-Network
Calendar Year Maximum	Unlimited
Deductible (Annual) – Individual / Family	\$0 / \$0
Out-of-Pocket Maximum ¹ – Individual / Family	\$1,000 / \$3,000
Co-Insurance (After Deductible)	0%
Office Visit Copay – Preventive Care ² – Primary Care Physician ² – Specialist ² – Urgent Care – Mental Health & Substance Abuse ²	No charge No charge \$40 copay No charge No charge
Inpatient Hospitalization	\$200 copay/day
Outpatient Surgery – Hospital – Freestanding Facility	\$600 copay \$200 copay
Lab	\$0 - \$50 copay ³
X-Ray	\$0 - \$75 copay ³
Complex Imaging	\$100 - \$250 copay ³
Emergency Services	\$300 copay (waived if admitted)
Chiropractic ²	No charge (preauthorization required after 5th visit)
Acupuncture ²	No charge (12 visits/year)
PRESCRIPTION DRUGS	Navitus
Out-of-Pocket Max – Individual / Family	\$2,500 / \$3,500
Retail: 30 Day Supply – Generic/Brand	Network: \$9/\$35 Costco: \$0/\$35
Mail Order : 90 Day Supply – Generic/Brand	\$0/\$90

¹ The annual out-of-pocket maximum applies to copays and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.

² Includes virtual and office visits

³ [Click here](#) for more details on copay amounts.