



## Annual Employee Benefit Open Enrollment September 28 – October 16, 2026

For Plan Year January 1, 2027 – December 31, 2027

\*Please allow until November 1, 2026, to receive your enrollment approval email\*

### To All Benefit-Eligible Employees – 2027 Benefit Plan Announcement

Open Enrollment is your annual opportunity to review and make changes to your benefits. It is the only time each year that you may make changes to your benefits unless you have a qualifying life event, which is defined as marriage, divorce, birth/adoption of a child, change of dependent eligibility, or change in employment status.

During **Open Enrollment** you may:

- Enroll in or change your current health plans (medical/dental/vision plans)
- Renew or enroll in waiver of medical coverage to receive \$125\* per month cash in lieu of benefits (DOCUMENTATION OF ALTERNATIVE COVERAGE IS REQUIRED)
- Add or remove eligible dependents to your medical/dental/vision plans (All added dependents require a Social Security number in accordance with District policy)
- Renew or enroll in a Flexible Spending Account (FSA) for dependent care and/or medical expenses

\*ATU members enrolled in a waiver of medical coverage receive \$150 per month cash in lieu of benefits in 2027

### 2027 Medical Plans

Kaiser Permanente (KP), Sutter Health Plus (SHP), and Western Health Advantage (WHA) continue to provide medical coverage in 2027. EGUSD will continue to pay 80% of the average premium cost and employees will pay the difference between the premium total and the District's 80% share. The new compensation deduction amount will begin with your paycheck ending January 2027.

### 2027 Dental/Vision Plans

The District will continue to provide standard Delta Dental and VSP vision coverages at no cost to employees. There are no changes to the dental/vision coverage options for 2027. EGEA and ATU employees will have one dental/vision coverage option – the Standard Plan. AFSCME, CSEA, NUHW, PSWA, EGAT, EGBEST, EGSCE and EGTEAMS employees will have the choice of two dental/vision coverage options if enrolling in Kaiser or SHP: 1) the Standard Plan, or 2) the Voluntary Plan with reduced dental/vision coverage. By selecting the Voluntary Plan, you agree to reduced dental/vision benefits in exchange for medical premium savings ranging from \$32.62 to \$92.33 per month, depending on coverage tier. Enrollment requires opting in. For a comparison of these plans, please visit

<https://www.egusd.net/Employment/ResourcesSupports/Benefits/index.html>.

### Compensation Deductions Effective January 2027

The table below provides medical rates for employees enrolling in a Standard Plan option. Refer to the EGUSD website for Voluntary Plan rates available to benefit eligible AFSCME, CSEA, NUHW, PSWA, and EGTEAMS employees enrolled in Sutter Health Plan or Kaiser. Voluntary discounts will not be available to employees enrolled in WHA, as there is a \$0.00 employee monthly premium in 2027.

| Carrier                                                           | EMPLOYEE MONTHLY SHARE |             |                     | EMPLOYER MONTHLY SHARE |             |                     | TOTAL MONTHLY PREMIUM |             |                     |
|-------------------------------------------------------------------|------------------------|-------------|---------------------|------------------------|-------------|---------------------|-----------------------|-------------|---------------------|
|                                                                   | Employee Only          | Employee +1 | Employee +2 or more | Employee Only          | Employee +1 | Employee +2 or more | Employee Only         | Employee +1 | Employee +2 or more |
| KP                                                                | \$293.72               | \$587.48    | \$831.18            | \$805.19               | \$1,610.34  | \$2,278.74          | \$1,098.91            | \$2,197.82  | \$3,109.92          |
| SHP                                                               | \$389.71               | \$779.18    | \$1,102.53          | \$805.19               | \$1,610.34  | \$2,278.74          | \$1,194.90            | \$2,389.52  | \$3,381.27          |
| WHA                                                               | \$0.00                 | \$0.00      | \$0.00              | \$725.65               | \$1,451.43  | \$2,054.08          | \$725.65              | \$1,451.43  | \$2,054.08          |
| Delta Dental                                                      | \$0.00                 | \$0.00      | \$0.00              | \$57.27                | \$114.55    | \$162.09            | \$57.27               | \$114.55    | \$162.09            |
| VSP Vision                                                        | \$0.00                 | \$0.00      | \$0.00              | \$7.98                 | \$15.96     | \$22.59             | \$7.98                | \$15.96     | \$22.59             |
| 2027 Employee Monthly Cost/(Savings) when changing Standard Plans |                        |             |                     |                        |             |                     |                       |             |                     |
| Carrier                                                           | Employee Only          |             |                     | Employee +1            |             |                     | Employee +2 or more   |             |                     |
| KP to KP                                                          | (\$1.25)               |             |                     | (\$2.48)               |             |                     | (\$3.47)              |             |                     |
| KP to SHP                                                         | \$94.74                |             |                     | \$189.22               |             |                     | \$267.88              |             |                     |
| KP to WHA                                                         | (\$294.97)             |             |                     | (\$589.96)             |             |                     | (\$834.65)            |             |                     |
| SHP to SHP                                                        | \$53.72                |             |                     | \$107.36               |             |                     | \$151.81              |             |                     |
| SHP to KP                                                         | (\$42.27)              |             |                     | (\$84.34)              |             |                     | (\$119.54)            |             |                     |
| SHP to WHA                                                        | (\$335.99)             |             |                     | (\$671.82)             |             |                     | (\$950.72)            |             |                     |
| WHA to WHA                                                        | \$0.00                 |             |                     | \$0.00                 |             |                     | \$0.00                |             |                     |
| WHA to KP                                                         | \$293.72               |             |                     | \$587.48               |             |                     | \$831.18              |             |                     |
| WHA to SHP                                                        | \$389.71               |             |                     | \$779.18               |             |                     | \$1,102.53            |             |                     |

Wellness Rebate Amount and Requirements

Upon completion of a Wellness Rebate Certification form, EGUSD offers a rebate of up to 5% of the average total monthly premium\*.

|                       |               |             |                     |
|-----------------------|---------------|-------------|---------------------|
| 5% Rebate             | Employee Only | Employee +1 | Employee +2 or more |
| Monthly – KP and SHP  | \$50.32       | \$100.65    | \$142.42            |
| Maximum Annual Rebate | \$603.84      | \$1,207.80  | \$1,709.04          |

\* Employees with an EGUSD Spouse that enrolls in the EGUSD Dependent waiver receives the Buy Up Waiver for Kaiser and Sutter Health Plan, resulting in the premium charged being the lowest cost plan. Since there will be no monthly premium to pay for 2027, a Wellness Rebate is encouraged but will not be financially compensated.

2027 Flexible Spending Accounts (FSA)

Navia Benefit Solutions is our third-party administrator. The enrollment process is included within BenefitBridge (see below for more information). If you would like to participate in a pre-tax Section 125 reimbursement account for dependent care or medical expenses, **you must re-enroll each year to continue this benefit.** Employees are not required to meet with representatives to enroll. Enrollment completed within the District's BenefitBridge portal (see below for more information) is preferred. Please visit <https://www.egusd.net/Employment/ResourcesSupports/Benefits/index.html> for enrollment information. A monthly processing fee of \$3.92 (District pays \$1.96 and employee pays \$1.96) is required for this benefit. Employees who enroll in an FSA Section 125 plan for 2027 will have until March 15, 2028, to recoup expenses from the January-December 2027 plan year.

ARAG Legal Insurance

Legal insurance helps you plan for the good times in life, like welcoming a child into your family and updating your will. It's also there to help you through life's struggles, like when kids make mistakes, you get caught speeding or true love just doesn't work out. And when legal happens, ARAG Legal Insurance protects.

What does it cost?

UltimateAdvisor Legal Insurance: \$19.66 per month

UltimateAdvisor Plus Legal Insurance, which offers you even more legal protection and additional services including financial education and counseling and tax services: \$21.58 per month

VOYA Supplemental Life Insurance

The cost of Supplemental Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount selected. The following amounts of supplemental coverage will be available for 2027:

|                 |                                                                                                                                                              |                                                   |                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
|                 | Supplemental Life                                                                                                                                            | Supplemental Accidental Death & Dismemberment     | Evidence of Insurability (EOI)                             |
| You             | An amount from \$50,000 to \$500,000 elected in \$50,000 increments                                                                                          | Same as the elected Employee Life Coverage amount | All new coverage or increase in coverage is subject to EOI |
| Your Spouse*    | Choice of \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000 or \$250,000 not to exceed 50% of the employee's Supplemental Life insurance amount. | Same as the elected Spouse Life Coverage amount   | All new coverage or increase in coverage is subject to EOI |
| Your Children** | \$10,000                                                                                                                                                     | \$10,000                                          | All new coverage is subject to EOI                         |

\*Spouse Coverage is available only if employee coverage is elected. The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This includes a domestic partner as defined by the group policy. Please contact EGUSD Benefits for more information.

\*\*Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

**Need more information about options and/or enrollment changes?**

Throughout the Open Enrollment period, information will be emailed to all District employees with links to BenefitBridge, the online enrollment portal.

All information will be posted to the EGUSD Benefits website.

EGUSD is hosting a Benefits Fair on **October 1st, 2026**, from 12:00-5:30 pm at 9510 Elk Grove Florin Road in the Board Room, and an ongoing Virtual Benefits Fair online. More information to come!

**Scan for more Open Enrollment information on EGUSD's website**

