2027 MEDICAL PREMIUMS
TEAMSTERS K3 UNION SAVINGS

PAY BAND 1 | $75,000 and under					
	Monthly			Year	
Plan / Coverage	K3	Non-Union	Savings	Save	%
Blue & Gold | Self	$61.00	$106.05	$45.05	**$540.60**	42.5%
Self + child(ren)	$109.00	$190.89	$81.89	**$982.68**	42.9%
Self + adult	$163.00	$362.44	$199.44	**$2,393.28**	55.0%
Family	$186.00	$447.28	$261.28	**$3,135.36**	58.4%
Kaiser | Self	$61.00	$82.15	$21.15	**$253.80**	25.7%
Self + child(ren)	$109.00	$147.87	$38.87	**$466.44**	26.3%
Self + adult	$163.00	$280.91	$117.91	**$1,414.92**	42.0%
Family	$186.00	$346.63	$160.63	**$1,927.56**	46.3%

PAY BAND 2 | $75,001 – $148,000					
	Monthly			Year	
Plan / Coverage	K3	Non-Union	Savings	Save	%
Blue & Gold | Self	$117.00	$169.57	$52.57	**$630.84**	31.0%
Self + child(ren)	$206.00	$305.22	$99.22	**$1,190.64**	32.5%
Self + adult	$250.00	$495.83	$245.83	**$2,949.96**	49.6%
Family	$304.00	$631.49	$327.49	**$3,929.88**	51.9%
Kaiser | Self	$117.00	$131.42	$14.42	**$173.04**	11.0%
Self + child(ren)	$206.00	$236.55	$30.55	**$366.60**	12.9%
Self + adult	$250.00	$384.36	$134.36	**$1,612.32**	35.0%
Family	$304.00	$489.50	$185.50	**$2,226.00**	37.9%

PAY BAND 3 | $148,001 – $223,000					
	Monthly			Year	
Plan / Coverage	K3	Non-Union	Savings	Save	%
Blue & Gold | Self	$171.00	$233.09	$62.09	**$745.08**	26.6%
Self + child(ren)	$292.00	$419.56	$127.56	**$1,530.72**	30.4%
Self + adult	$388.00	$629.22	$241.22	**$2,894.64**	38.3%
Family	$482.00	$815.69	$333.69	**$4,004.28**	40.9%
Kaiser | Self	$171.00	$180.68	$9.68	**$116.16**	5.4%
Self + child(ren)	$292.00	$325.23	$33.23	**$398.76**	10.2%
Self + adult	$388.00	$487.82	$99.82	**$1,197.84**	20.5%
Family	$482.00	$632.37	$150.37	**$1,804.44**	23.8%

PAY BAND 4 | Over $223,000					
	Monthly			Year	
Plan / Coverage	K3	Non-Union	Savings	Save	%
Blue & Gold | Self	$212.00	$296.61	$84.61	**$1,015.32**	28.5%
Self + child(ren)	$362.00	$533.89	$171.89	**$2,062.68**	32.2%
Self + adult	$463.00	$762.61	$299.61	**$3,595.32**	39.3%
Family	$575.00	$999.90	$424.90	**$5,098.80**	42.5%
Kaiser | Self	$212.00	$229.95	$17.95	**$215.40**	7.8%
Self + child(ren)	$362.00	$413.91	$51.91	**$622.92**	12.5%
Self + adult	$463.00	$591.28	$128.28	**$1,539.36**	21.7%
Family	$575.00	$775.24	$200.24	**$2,402.88**	25.8%

UC CARE & HEALTHSAVINGS+: Same employee premiums for K3 and unrepresented staff across all pay bands and coverage levels.

Sources: UCnet 2027 employee medical plan costs • 2027 Teamsters Local 2010-represented UC medical premium schedule (K3).
https://ucnet.universityofcalifornia.edu/oe/emp-start/medical/employee-medical-plan-costs/