2027 MEDICAL PREMIUMS
TEAMSTERS K4 UNION SAVINGS

PAY BAND 1 | $75,000 and under

Plan / Coverage	Monthly K4	Monthly Non-Union	Monthly Savings	Year Save	Year %
Blue & Gold | Self	$76.00	$106.05	$30.05	**$360.60**	28.3%
Self + child(ren)	$137.00	$190.89	$53.89	**$646.68**	28.2%
Self + adult	$222.00	$362.44	$140.44	**$1,685.28**	38.7%
Family	$277.00	$447.28	$170.28	**$2,043.36**	38.1%
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

Plan / Coverage	Monthly K4	Monthly Non-Union	Monthly Savings	Year Save	Year %
Blue & Gold | Self	$149.00	$169.57	$20.57	**$246.84**	12.1%
Self + child(ren)	$260.00	$305.22	$45.22	**$542.64**	14.8%
Self + adult	$360.00	$495.83	$135.83	**$1,629.96**	27.4%
Family	$464.00	$631.49	$167.49	**$2,009.88**	26.5%
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

Plan / Coverage	Monthly K4	Monthly Non-Union	Monthly Savings	Year Save	Year %
Blue & Gold | Self	$216.00	$233.09	$17.09	**$205.08**	7.3%
Self + child(ren)	$368.00	$419.56	$51.56	**$618.72**	12.3%
Self + adult	$488.00	$629.22	$141.22	**$1,694.64**	22.4%
Family	$606.00	$815.69	$209.69	**$2,516.28**	25.7%
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

Plan / Coverage	Monthly K4	Monthly Non-Union	Monthly Savings	Year Save	Year %
Blue & Gold | Self	$267.00	$296.61	$29.61	**$355.32**	10.0%
Self + child(ren)	$457.00	$533.89	$76.89	**$922.68**	14.4%
Self + adult	$582.00	$762.61	$180.61	**$2,167.32**	23.7%
Family	$721.00	$999.90	$278.90	**$3,346.80**	27.9%
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 K4 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 (K4).
https://ucnet.universityofcalifornia.edu/oe/emp-start/medical/employee-medical-plan-costs/