Oak Grove School District
Medical Premiums - Effective 01/01/2027
Monthly Rate Sheet
AFSCME

Coverage Level		Anthem Blue Cross Select	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield EPO *New 1/1/2027*	Blue Shield Trio HMO *New 1/1/2027*	Kaiser Permanente	Sutter Health *New 1/1/2027*	Western Health Advantage *New 1/1/2027*	PERS Gold PPO	PERS Platinum PPO
Employee Only	2026 Rate	$1,336.29	$1,612.08	$1,301.95	N/A	N/A	$1,168.86	N/A	N/A	$1,120.58	$1,670.14
	2027 Rate	$1,486.44	$1,732.52	$1,479.12	$1,479.12	$1,202.57	$1,187.63	$1,130.67	$1,030.80	$1,215.17	$1,778.62
	District contribution*	$1,102.02	$1,102.02	$1,102.02	$1,102.02	$1,102.02	$1,101.23	$1,083.25	$1,030.80	$1,139.35	$1,181.70
	Employee portion**	**$384.42**	**$630.50**	**$377.10**	**$377.10**	**$100.55**	**$86.40**	**$47.42**	**$0.00**	**$75.82**	**$596.92**
Employee + one dependent	2026 Rate	$2,672.58	$3,224.16	$2,603.90	N/A	N/A	$2,337.72	N/A	N/A	$2,241.16	$3,340.28
	2027 Rate	$2,972.88	$3,465.04	$2,958.24	$2,958.24	$2,405.14	$2,375.26	$2,261.34	$2,061.60	$2,430.34	$3,557.24
	District contribution*	$1,261.05	$1,261.05	$1,261.05	$1,261.05	$1,261.05	$1,254.03	$1,261.05	$1,261.05	$1,381.08	$1,414.97
	Employee portion**	**$1,711.83**	**$2,203.99**	**$1,697.19**	**$1,697.19**	**$1,144.09**	**$1,121.23**	**$1,000.29**	**$800.55**	**$1,049.26**	**$2,142.27**
Employee + two or more dependents	2026 Rate	$3,474.35	$4,191.41	$3,385.07	N/A	N/A	$3,039.04	N/A	N/A	$2,913.51	$4,342.36
	2027 Rate	$3,864.74	$4,504.55	$3,845.71	$3,845.71	$3,126.68	$3,087.84	$2,939.74	$2,680.08	$3,159.44	$4,624.41
	District contribution*	$1,582.89	$1,582.89	$1,582.89	$1,582.89	$1,582.89	$1,571.68	$1,582.89	$1,582.89	$1,718.10	$1,762.18
	Employee portion**	**$2,281.85**	**$2,921.66**	**$2,262.82**	**$2,262.82**	**$1,543.79**	**$1,516.16**	**$1,356.85**	**$1,097.19**	**$1,441.34**	**$2,862.23**

Changes to coverage are only permitted if you experience a qualifying event, such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, change in work hours to meet qualifying requirements, or termination of employment. Requests for changes must be submitted within 60 days of the qualifying event, and only changes consistent with the qualifying event may be made. Changes will become effective on the first day of the month following your request. For example, if you are hired on September 1, enroll in benefits on October 1, your benefits will be effective November 1.

***District contribution is based on hire date and FTE.**

****These rates are reflective of a full time, 12 month employee.** For 10 and 11 month employees – an extra prorated deduction will be made during the school year to cover your portion of medical premiums for July.

Oak Grove School District
Medical Premiums - Effective 01/01/2027
Monthly Rate Sheet
CSEA

Coverage Level		Anthem Blue Cross Select	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield EPO *New 1/1/2027*	Blue Shield Trio HMO *New 1/1/2027*	Kaiser Permanente	Sutter Health *New 1/1/2027*	Western Health Advantage *New 1/1/2027*	PERS Gold PPO	PERS Platinum PPO
Employee Only	2026 Rate	$1,336.29	$1,612.08	$1,301.95	N/A	N/A	$1,168.86	N/A	N/A	$1,120.58	$1,670.14
	2027 Rate	$1,486.44	$1,732.52	$1,479.12	$1,479.12	$1,202.57	$1,187.63	$1,130.67	$1,030.80	$1,215.17	$1,778.62
	District contribution*	$1,355.06	$1,378.92	$1,320.72	$1,320.72	$1,301.95	$1,187.63	$1,130.67	$1,030.80	$1,215.17	$1,688.91
	Employee portion**	**$131.38**	**$353.60**	**$158.40**	**$158.40**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$89.71**
Employee + one dependent	2026 Rate	$2,672.58	$3,224.16	$2,603.90	N/A	N/A	$2,337.72	N/A	N/A	$2,241.16	$3,340.28
	2027 Rate	$2,972.88	$3,465.04	$2,958.24	$2,958.24	$2,405.14	$2,375.26	$2,261.34	$2,061.60	$2,430.34	$3,557.24
	District contribution*	$2,161.23	$2,161.23	$2,161.23	$2,161.23	$2,161.23	$2,154.21	$2,161.23	$2,061.60	$2,145.35	$2,189.24
	Employee portion**	**$811.65**	**$1,303.81**	**$797.01**	**$797.01**	**$243.91**	**$221.05**	**$100.11**	**$0.00**	**$284.99**	**$1,368.00**
Employee + two or more dependents	2026 Rate	$3,474.35	$4,191.41	$3,385.07	N/A	N/A	$3,039.04	N/A	N/A	$2,913.51	$4,342.36
	2027 Rate	$3,864.74	$4,504.55	$3,845.71	$3,845.71	$3,126.68	$3,087.84	$2,939.74	$2,680.08	$3,159.44	$4,624.41
	District contribution*	$2,564.75	$2,564.75	$2,564.75	$2,564.75	$2,564.75	$2,553.54	$2,564.75	$2,564.75	$2,564.06	$2,608.14
	Employee portion**	**$1,299.99**	**$1,939.80**	**$1,280.96**	**$1,280.96**	**$561.93**	**$534.30**	**$374.99**	**$115.33**	**$595.38**	**$2,016.27**

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Oak Grove School District
Medical Premiums - Effective 01/01/2027
Monthly Rate Sheet
OGEA

Coverage Level		Anthem Blue Cross Select	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield EPO *New 1/1/2027*	Blue Shield Trio HMO *New 1/1/2027*	Kaiser Permanente	Sutter Health *New 1/1/2027*	Western Health Advantage *New 1/1/2027*	PERS Gold PPO	PERS Platinum PPO
Employee Only	2026 Rate	$1,336.29	$1,612.08	$1,301.95	N/A	N/A	$1,168.86	N/A	N/A	$1,120.58	$1,670.14
	2027 Rate	$1,486.44	$1,732.52	$1,479.12	$1,479.12	$1,202.57	$1,187.63	$1,130.67	$1,030.80	$1,215.17	$1,778.62
	District contribution*	$1,218.12	$1,218.12	$1,218.12	$1,218.12	$1,202.57	$1,131.39	$1,130.67	$1,030.80	$1,215.17	$1,577.87
	Employee portion**	**$268.32**	**$514.40**	**$261.00**	**$261.00**	**$0.00**	**$56.24**	**$0.00**	**$0.00**	**$0.00**	**$200.75**
Employee + one dependent	2026 Rate	$2,672.58	$3,224.16	$2,603.90	N/A	N/A	$2,337.72	N/A	N/A	$2,241.16	$3,340.28
	2027 Rate	$2,972.88	$3,465.04	$2,958.24	$2,958.24	$2,405.14	$2,375.26	$2,261.34	$2,061.60	$2,430.34	$3,557.24
	District contribution*	$2,308.05	$2,308.05	$2,308.05	$2,308.05	$2,308.05	$2,141.24	$2,261.34	$2,061.60	$2,311.54	$2,573.43
	Employee portion**	**$664.83**	**$1,156.99**	**$650.19**	**$650.19**	**$97.09**	**$234.02**	**$0.00**	**$0.00**	**$118.80**	**$983.81**
Employee + two or more dependents	2026 Rate	$3,474.35	$4,191.41	$3,385.07	N/A	N/A	$3,039.04	N/A	N/A	$2,913.51	$4,342.36
	2027 Rate	$3,864.74	$4,504.55	$3,845.71	$3,845.71	$3,126.68	$3,087.84	$2,939.74	$2,680.08	$3,159.44	$4,624.41
	District contribution*	$2,527.86	$2,527.86	$2,527.86	$2,527.86	$2,527.86	$2,784.69	$2,527.86	$2,527.86	$2,663.07	$2,707.15
	Employee portion**	**$1,336.88**	**$1,976.69**	**$1,317.85**	**$1,317.85**	**$598.82**	**$303.15**	**$411.88**	**$152.22**	**$496.37**	**$1,917.26**

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Oak Grove School District
Medical Premiums - Effective 01/01/2027
Monthly Rate Sheet
OGMA

Coverage Level		Anthem Blue Cross Select	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	*New 1/1/2027* Blue Shield EPO	*New 1/1/2027* Blue Shield Trio HMO	Kaiser Permanente	*New 1/1/2027* Sutter Health	*New 1/1/2027* Western Health Advantage	PERS Gold PPO	PERS Platinum PPO
Employee Only	2026 Rate	$1,336.29	$1,612.08	$1,301.95	N/A	N/A	$1,168.86	N/A	N/A	$1,120.58	$1,670.14
	2027 Rate	$1,486.44	$1,732.52	$1,479.12	$1,479.12	$1,202.57	$1,187.63	$1,130.67	$1,030.80	$1,215.17	$1,778.62
	District contribution*	$1,149.12	$1,149.12	$1,149.12	$1,149.12	$1,149.12	$1,090.98	$1,130.35	$1,030.80	$1,215.17	$1,352.01
	Employee portion**	**$337.32**	**$583.40**	**$330.00**	**$330.00**	**$53.45**	**$96.65**	**$0.32**	**$0.00**	**$0.00**	**$426.61**
Employee + one dependent	2026 Rate	$2,672.58	$3,224.16	$2,603.90	N/A	N/A	$2,337.72	N/A	N/A	$2,241.16	$3,340.28
	2027 Rate	$2,972.88	$3,465.04	$2,958.24	$2,958.24	$2,405.14	$2,375.26	$2,261.34	$2,061.60	$2,430.34	$3,557.24
	District contribution*	$2,218.09	$2,218.09	$2,218.09	$2,218.09	$2,218.09	$2,116.24	$2,218.09	$2,061.60	$2,278.70	$2,372.01
	Employee portion**	**$754.79**	**$1,246.95**	**$740.15**	**$740.15**	**$187.05**	**$259.02**	**$43.25**	**$0.00**	**$151.64**	**$1,185.23**
Employee + two or more dependents	2026 Rate	$3,474.35	$4,191.41	$3,385.07	N/A	N/A	$3,039.04	N/A	N/A	$2,913.51	$4,342.36
	2027 Rate	$3,864.74	$4,504.55	$3,845.71	$3,845.71	$3,126.68	$3,087.84	$2,939.74	$2,680.08	$3,159.44	$4,624.41
	District contribution*	$2,863.41	$2,863.41	$2,863.41	$2,863.41	$2,863.41	$2,852.20	$2,814.61	$2,680.08	$2,998.62	$3,042.70
	Employee portion**	**$1,001.33**	**$1,641.14**	**$982.30**	**$982.30**	**$263.27**	**$235.64**	**$125.13**	**$0.00**	**$160.82**	**$1,581.71**

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