

ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES**JANUARY - DECEMBER 2025 RATES**

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 17,892.00	\$ 11,040.00	\$ 622.91	\$ 571.00
	Employee + 1	\$ 35,700.00	\$ 18,128.00	\$ 1,597.45	\$ 1,464.33
	Family	\$ 46,356.00	\$ 23,492.00	\$ 2,078.55	\$ 1,905.33
PPO \$40	Employee Only	\$ 13,572.00	\$ 11,040.00	\$ 230.18	\$ 211.00
	Employee + 1	\$ 27,096.00	\$ 18,128.00	\$ 815.27	\$ 747.33
	Family	\$ 35,184.00	\$ 23,492.00	\$ 1,062.91	\$ 974.33
PPO \$60	Employee Only	\$ 11,472.00	\$ 11,040.00	\$ 39.27	\$ 36.00
	Employee + 1	\$ 22,800.00	\$ 18,128.00	\$ 424.73	\$ 389.33
	Family	\$ 29,640.00	\$ 23,492.00	\$ 558.91	\$ 512.33
PPO Select	Employee Only	\$ 9,816.00	\$ 11,040.00	\$ -	\$ -
	Employee + 1	\$ 19,524.00	\$ 18,128.00	\$ 126.91	\$ 116.33
	Family	\$ 25,368.00	\$ 23,492.00	\$ 170.55	\$ 156.33
Trio HMO	Employee Only	\$ 12,960.00	\$ 11,040.00	\$ 174.55	\$ 160.00
	Employee + 1	\$ 27,876.00	\$ 18,128.00	\$ 886.18	\$ 812.33
	Family	\$ 34,428.00	\$ 23,492.00	\$ 994.18	\$ 911.33
Kaiser Low*	Employee Only	\$ 10,332.00	\$ 11,040.00	\$ -	\$ -
	Employee + 1	\$ 20,544.00	\$ 18,128.00	\$ 219.64	\$ 201.33
	Family	\$ 29,028.00	\$ 23,492.00	\$ 503.27	\$ 461.33
Kaiser Medium*	Employee Only	\$ 11,424.00	\$ 11,040.00	\$ 34.91	\$ 32.00
	Employee + 1	\$ 22,728.00	\$ 18,128.00	\$ 418.18	\$ 383.33
	Family	\$ 32,124.00	\$ 23,492.00	\$ 784.73	\$ 719.33
Kaiser High*	Employee Only	\$ 13,260.00	\$ 11,040.00	\$ 201.82	\$ 185.00
	Employee + 1	\$ 26,400.00	\$ 18,128.00	\$ 752.00	\$ 689.33
	Family	\$ 37,308.00	\$ 23,492.00	\$ 1,256.00	\$ 1,151.33

* Kaiser fully insured program NOW includes the MCSIG wellness program as well as Life Insurance. It does not include ancillary benefits.