Cambrian School District									
Kaiser Insurance Plans Effective October 1, 2025 - September 30, 2026 1.0 FTE									
			10 Month Employees*						
	Kaiser $20 HMO Traditional			Kaiser Deductible DHMO1000			Kaiser HSA 3000 High Deductible		
Tier	Single	Two-Party	Family	Single	Two-Party	Family	Single	Two-Party	Family
Medical	1,063.00	2,125.00	3,188.00	968.00	1,937.00	2,905.00	741.00	1,482.00	2,223.00
Dental (High Plan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,126.47	2,251.89	3,405.88	1,031.47	2,063.89	3,122.88	804.47	1,608.89	2,440.88
Annual	13,517.64	27,022.68	40,870.56	12,377.64	24,766.68	37,474.56	9,653.64	19,306.68	29,290.56
District Paid	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00
EE Responsibility	0.00	10,147.68	19,095.56	0.00	7,891.68	15,699.56	0.00	2,431.68	7,515.56
Tenthly	**0.00**	**1,014.77**	**1,909.56**	**0.00**	**789.17**	**1,569.96**	**0.00**	**243.17**	**751.56**
			12 Month Employees						
	Kaiser $20 HMO Traditional			Kaiser Deductible DHMO1000			Kaiser HSA 3000 High Deductible		
Tier	Single	Two-Party	Family	Single	Two-Party	Family	Single	Two-Party	Family
Medical	1,063.00	2,125.00	3,188.00	968.00	1,937.00	2,905.00	741.00	1,482.00	2,223.00
Dental (high Plan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,126.47	2,251.89	3,405.88	1,031.47	2,063.89	3,122.88	804.47	1,608.89	2,440.88
Annual	13,517.64	27,022.68	40,870.56	12,377.64	24,766.68	37,474.56	9,653.64	19,306.68	29,290.56
District Paid	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00
EE Responsibility	0.00	10,147.68	19,095.56	0.00	7,891.68	15,699.56	0.00	2,431.68	7,515.56
Monthly	**0.00**	**845.64**	**1,591.30**	**0.00**	**657.64**	**1,308.30**	**0.00**	**202.64**	**626.30**
						Questions Contact:			
						Kendel Browning - Payroll and Benefits Coordinator			
						408-377-2103 X1120			
						browningk@cambriansd.com			

Cambrian School District

Health and Welfare Insurance Effective October 1, 2025 - September 30, 2026 1.0 FTE

	*10 Month Employees**											
	Anthem HMO - Classic 20			Anthem HMO - Value 30			Anthem PPO 80-J 30			Anthem PPO HSA 5000 Anchor Bronze		
Tier	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**EE+Child**	**EE+children**
Medical	1,349.00	2,709.00	4,027.00	1,284.00	2,575.00	3,824.00	1,117.00	2,233.00	3,308.00	774.00	1,523.00	1,523.00
Dental(HighPlan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,412.47	2,835.89	4,244.88	1,347.47	2,701.89	4,041.88	1,180.47	2,359.89	3,525.88	837.47	1,649.89	1,740.88
Annual	16,949.64	34,030.68	50,938.56	16,169.64	32,422.68	48,502.56	14,165.64	28,318.68	42,310.56	10,049.64	19,798.68	20,890.56
District Paid	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00
EE Responsibility	2,349.64	17,155.68	29,163.56	1,569.64	15,547.68	26,727.56	0.00	11,443.68	20,535.56	0.00	2,923.68	0.00
Tenthly	**234.96**	**1,715.57**	**2,916.36**	**156.96**	**1,554.77**	**2,672.76**	**0.00**	**1,144.37**	**2,053.56**	**0.00**	**292.37**	**0.00**

	12 Month Employees											
	Anthem HMO - Classic 20			Anthem HMO - Value 30			Anthem PPO 80-J 30			Anthem PPO HSA 5000 Anchor Bronze		
Tier	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**EE+Child**	**EE+children**
Medical	1,349.00	2,709.00	4,027.00	1,284.00	2,575.00	3,824.00	1,117.00	2,233.00	3,308.00	774.00	1,523.00	1,523.00
Dental(HighPlan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,412.47	2,835.89	4,244.88	1,347.47	2,701.89	4,041.88	1,180.47	2,359.89	3,525.88	837.47	1,649.89	1,740.88
Annual	16,949.64	34,030.68	50,938.56	16,169.64	32,422.68	48,502.56	14,165.64	28,318.68	42,310.56	10,049.64	19,798.68	20,890.56
District Paid	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00	14,600.00	16,875.00	21,775.00
EE Responsibility	2,349.64	17,155.68	29,163.56	1,569.64	15,547.68	26,727.56	0.00	11,443.68	20,535.56	0.00	2,923.68	0.00
Monthly	**195.80**	**1,429.64**	**2,430.30**	**130.80**	**1,295.64**	**2,227.30**	**0.00**	**953.64**	**1,711.30**	**0.00**	**243.64**	**0.00**

***Classified 10-Mo employees please refer to Article 13.3 in the CSEA contract for the proration based on FTE.**

Questions Contact:

Kendel Browning - Payroll and Benefits Coordinator

408-377-2103 X1120

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