2025 - 2026 RATES AT A GLANCE
CLASSIFIED EMPLOYEES

GRANDFATHERED EMPLOYEES (Hired on or before 06/30/2006)

ACTIVE EMPLOYEES September through June deductions (20 deductions)

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	$0.00	$32.52	$65.04	$97.56	$130.17	$162.69	$195.21	$227.73	$260.25	$292.77	$325.29	$357.90	$390.42
Blue Shield Trio ACO HMO	$0.00	$25.60	$51.20	$76.80	$102.48	$128.08	$153.68	$179.28	$204.88	$230.48	$256.08	$281.76	$307.36
Blue Shield Tandem PPO	$335.05	$378.48	$421.92	$456.35	$508.91	$552.34	$595.78	$639.21	$682.65	$726.09	$769.52	$813.08	$856.51
Blue Shield PPO	$582.85	$626.28	$669.72	$713.15	$756.71	$800.14	$843.58	$887.01	$930.45	$973.89	$1,017.32	$1,060.88	$1,104.31
Kaiser Plan 6	$0.00	$43.44	$86.87	$130.31	$173.86	$217.30	$260.73	$304.17	$347.60	$391.04	$434.47	$478.03	$521.47
Kaiser Plan 12 (Management Only)	$0.00	$36.73	$73.46	$110.19	$147.02	$183.75	$220.48	$257.21	$293.94	$330.67	$367.40	$404.23	$440.96
DeltaCare USA HMO	$0.00	$0.74	$1.48	$2.22	$2.96	$3.69	$4.43	$5.17	$5.91	$6.65	$7.39	$8.13	$8.86
Delta PPO	$0.00	$2.63	$5.27	$7.90	$10.54	$13.17	$15.81	$18.44	$21.07	$23.70	$26.34	$28.98	$31.61

HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	$0.00	$36.13	$72.27	$108.40	$144.63	$180.77	$216.90	$253.03	$289.17	$325.30	$361.43	$397.67	$433.80
Blue Shield Trio ACO HMO	$0.00	$28.45	$56.89	$85.34	$113.86	$142.31	$170.75	$199.20	$227.65	$256.09	$284.54	$313.06	$341.51
Blue Shield Tandem PPO	$372.27	$420.53	$468.80	$517.06	$565.45	$613.72	$661.98	$710.24	$758.50	$806.76	$855.02	$903.42	$951.68
Blue Shield PPO	$647.61	$695.87	$744.13	$792.39	$840.79	$889.05	$937.31	$985.57	$1,033.83	$1,082.09	$1,130.36	$1,178.75	$1,227.01
Kaiser Plan 6	$0.00	$48.26	$96.52	$144.78	$193.18	$241.44	$289.70	$337.97	$386.23	$434.49	$482.75	$531.15	$579.41
Kaiser Plan 12 (Management Only)	$0.00	$40.81	$81.62	$122.43	$163.36	$204.17	$244.98	$285.79	$326.60	$367.41	$408.22	$449.14	$489.95
DeltaCare USA HMO	$0.00	$0.82	$1.64	$2.46	$3.28	$4.10	$4.92	$5.75	$6.57	$7.39	$8.21	$9.03	$9.85
Delta PPO	$0.00	$2.93	$5.85	$8.78	$11.71	$14.64	$17.56	$20.49	$23.41	$26.34	$29.26	$32.20	$35.12

NON-GRANDFATHERED EMPLOYEES (Hired after 06/30/2006)

ACTIVE EMPLOYEES September through June deductions (20 deductions)

PLAN	RATES PER PAYCHECK												
	FULL TIME	6.75 HRS	6.5 HRS	6.25 HRS	6 HRS	5.75 HRS	5.5 HRS	5.25 HRS	5 HRS	4.75 HRS	4.5 HRS	4.25 HRS	4 HRS
Blue Shield Access+ HMO	$0.00	$32.52	$65.04	$97.56	$130.17	$162.69	$195.21	$227.73	$260.25	$292.77	$325.29	$357.90	$390.42
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Blue Shield PPO	$582.85	$626.28	$669.72	$713.15	$756.71	$800.14	$843.58	$887.01	$930.45	$973.89	$1,017.32	$1,060.88	$1,104.31
Kaiser Plan 6	$0.00	$43.44	$86.87	$130.31	$173.86	$217.30	$260.73	$304.17	$347.60	$391.04	$434.47	$478.03	$521.47
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HEADSTART EMPLOYEES / BUS DRIVERS & TRANSPORTATION ASSISTANTS September through May deductions (18 deductions)

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Delta PPO	$0.00	$2.93	$5.85	$8.78	$11.71	$14.64	$17.56	$20.49	$23.41	$26.34	$29.26	$32.20	$35.12