CLASSIFIED - January 1 - December 31 2026

District Contribution determined by the Medical Tier:

1 party	$1,140
2 party	$1,715
Family	$2,145

Medical	**Single**	**2-Party**	**Family**
Anthem Blue Cross Select HMO	1,219.58	2,439.17	3,170.92
Anthem Blue Cross Traditional HMO	1,389.91	2,779.82	3,613.78
Blue Shield Access+ HMO / EPO	1,263.47	2,526.94	3,285.01
Blue Shield Trio HMO	1,123.90	2,247.79	2,922.13
Health Net Salud y Más HMO	1,055.48	2,110.97	2,746.66
Kaiser Permanente HMO	1,185.23	2,370.46	3,081.59
UnitedHealthcare SignatureValue Alliance HMO	1,141.19	2,282.38	2,967.08
UnitedHealthcare SignatureValue Harmony HMO	1,028.57	2,057.14	2,674.27
PERS Gold PPO	1,147.54	2,295.07	2,983.60
PERS Platinum PPO	1,711.49	3,422.98	4,449.86

Delta Dental PPO

Employee Only	$73.99
Employee + One Dependent	$144.31
Employee + Family	$218.32

Delta Care HMO

Employee + Family	$60.52

Vision Service Plan (VSP)

Employee Only	$19.65
Employee + One Dependent	$28.51
Employee + Family	$51.08