

ASCOE Hired before 7-1-2011

2025/2026 COST OF HEALTH BENEFITS

SCOE Contribution at 90%

| Kaiser High Option Plan \$10 OV \$150 Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|--|---------------|-----------|------------------------|-------------------------|
| EE only | 1,187.00 | 1,068.30 | 118.70 | 129.49 |
| EE + 1 Dep | 2,504.00 | 2,253.60 | 250.40 | 273.16 |
| EE + 2/more | 3,478.00 | 3,130.20 | 347.80 | 379.42 |

| Kaiser MID Option Plan \$500 Deduct \$150 Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|--|---------------|-----------|------------------------|-------------------------|
| EE only | 1,005.00 | 904.50 | 100.50 | 109.64 |
| EE + 1 Dep | 2,120.00 | 1,908.00 | 212.00 | 231.27 |
| EE + 2/more | 2,944.00 | 2,649.60 | 294.40 | 321.16 |

| Blue Shield 100% Plan B \$100 Deduct: No Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|---|---------------|-----------|------------------------|-------------------------|
| EE only | 1,115.00 | 1,003.50 | 111.50 | 121.64 |
| EE+1 Dep | 2,372.00 | 2,134.80 | 237.20 | 258.76 |
| EE+2/more | 3,303.00 | 2,972.70 | 330.30 | 360.33 |

| Blue Shield 90% Plan E No Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|--|---------------|-----------|------------------------|-------------------------|
| EE only | 1,021.00 | 918.90 | 102.10 | 111.38 |
| EE+1 Dep | 2,164.00 | 1,947.60 | 216.40 | 236.07 |
| EE+2/more | 3,010.00 | 2,709.00 | 301.00 | 328.36 |

| Blue Shield 80% Plan G No vision benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|--|---------------|-----------|------------------------|-------------------------|
| EE only | 903.00 | 812.70 | 90.30 | 98.51 |
| EE+1 Dep | 1,911.00 | 1,719.90 | 191.10 | 208.47 |
| EE+2/more | 2,659.00 | 2,393.10 | 265.90 | 290.07 |

| Blue Shield 2-Tier HSA \$5,000 - No Vision Benefit (Formerly known as Blue Shield 2-Tier Anchor Bronze) | Total Monthly Medical Premium | SCOE Pays | 12 month Share of Cost | 11 months share of cost |
|---|-------------------------------|-----------|------------------------|-------------------------|
| EE only | 616.00 | 554.40 | 61.60 | 67.20 |
| EE+1 Child | 1,273.00 | 1,145.70 | 127.30 | 138.87 |
| EE+2/Children | 1,273.00 | 1,145.70 | 127.30 | 138.87 |

| Blue Shield WABE (Waiver of Anchor Bronze Enrollment) | Total Monthly Medical Premium | SCOE Pays | 12 month Share of Cost | 11 months share of cost |
|--|-------------------------------|-----------|------------------------|-------------------------|
| "OPT OUT" | 616.00 | 554.40 | 61.60 | 67.20 |