

## ASCOE Hired after 7-1-2011

### 2025/2026 COST OF HEALTH BENEFITS

#### SCOE Contribution at 85%

<b>Kaiser High</b> 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	1,008.95	178.05	194.24
EE + 1 Dep	2,504.00	2,128.40	375.60	409.75
EE + 2/more	3,478.00	2,956.30	521.70	569.13

<b>Kaiser MID</b> 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	854.25	150.75	164.45
EE + 1 Dep	2,120.00	1,802.00	318.00	346.91
EE + 2/more	2,944.00	2,502.40	441.60	481.75

<b>Blue Shield 100% Plan B</b> \$100 Deduct: No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,115.00	947.75	167.25	182.45
EE+1 Dep	2,372.00	2,016.20	355.80	388.15
EE+2/more	3,303.00	2,807.55	495.45	540.49

<b>Blue Shield 90% Plan E</b> No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,021.00	867.85	153.15	167.07
EE+1 Dep	2,164.00	1,839.40	324.60	354.11
EE+2/more	3,010.00	2,558.50	451.50	492.55

<b>Blue Shield 80% Plan G</b> No vision benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	903.00	767.55	135.45	147.76
EE+1 Dep	1,911.00	1,624.35	286.65	312.71
EE+2/more	2,659.00	2,260.15	398.85	435.11

<b>Blue Shield 2-Tier HSA \$5,000 - No Vision Benefit (Formerly known as Blue Shield 2-Tier Anchor Bronze)</b>	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
EE only	616.00	523.60	92.40	100.80
EE+1 Child	1,273.00	1,082.05	190.95	208.31
EE+2/Children	1,273.00	1,082.05	190.95	208.31

<b>Blue Shield WABE (Waiver of Anchor Bronze Enrollment)</b>	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
"OPT OUT"	616.00	523.60	92.40	100.80