

**MANAGEMENT and CONFIDENTIAL
2025/2026 COST OF HEALTH BENEFITS**

Kaiser High Plan Package 1	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	1,179.00	1,002.15	176.85
EE + 1 Dep	2,489.00	2,115.65	373.35
EE + 2/more	3,456.00	2,937.60	518.40
Kaiser High Plan Package 2	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	1,153.00	1,002.15	150.85
EE + 1 Dep	2,434.00	2,115.65	318.35
EE + 2/more	3,379.00	2,937.60	441.40
Kaiser MID Option Plan	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	998.00	998.00	0.00
EE + 1 Dep	2,106.00	2,106.00	0.00
EE + 2/more	2,925.00	2,925.00	0.00
Kaiser High Deductible with HSA (No SCOE funding for the HSA account as of 10-1-2011)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	736.00	736.00	0.00
EE + 1 Dep	1,553.00	1,553.00	0.00
EE + 2/more	2,157.00	2,157.00	0.00
Blue Shield 100% Plan B	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	1,115.00	1,002.15	112.85
EE+1 Dep	2,372.00	2,115.65	256.35
EE+2/more	3,303.00	2,937.60	365.40
Blue Shield 90% Plan E	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	1,021.00	1,002.15	18.85
EE+1 Dep	2,164.00	2,115.65	48.35
EE+2/more	3,010.00	2,937.60	72.40
Blue Shield 80% Plan G	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	903.00	903.00	0.00
EE+1 Dep	1,911.00	1,911.00	0.00
EE+2/more	2,659.00	2,659.00	0.00
Blue Shield 2-Tier HSA \$5,000 (Formerly known as Blue Shield 2-Tier Anchor Bronze)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
EE only	616.00	616.00	0.00
EE+1 Child	1,273.00	1,273.00	0.00
EE+2/Children	1,273.00	1,273.00	0.00
Blue Shield WABE	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost
"OPT OUT"	616.00	616.00	0.00