

**BOARD MEMBERS  
HIRED AFTER FEB. 1, 2011  
2025/2026 COST OF HEALTH BENEFITS**

<b>Kaiser High</b> Plan Package 1	Total Premium	SCOE Pays	Monthly Cost
EE only	1179.00	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

<b>Kaiser High</b> Plan Package 2	Total Premium	SCOE Pays	Monthly Cost
EE only	1153.00	980.05	172.95
EE + 1 Dep	2,434.00	2,068.90	365.10
EE + 2/more	3,379.00	2,872.15	506.85

<b>Kaiser</b> MID Option Plan	Total Premium	SCOE Pays	Monthly Cost
EE only	998.00	848.30	149.70
EE + 1 Dep	2,106.00	1,790.10	315.90
EE + 2/more	2,925.00	2,486.25	438.75

<b>Kaiser High Deductible with HSA</b> (No SCOE funding for the HSA account as of 10-1-2011)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
EE only	736.00	625.60	110.40
EE + 1 Dep	1,553.00	1,320.05	232.95
EE + 2/more	2,157.00	1,833.45	323.55

<b>Blue Shield 100% Plan B</b>	Total Premium	SCOE Pays	Monthly Cost
EE only	1,115.00	947.75	167.25
EE+1 Dep	2,372.00	2,016.20	355.80
EE+2/more	3,303.00	2,807.55	495.45

<b>Blue Shield 90% Plan E</b>	Total Premium	SCOE Pays	Monthly Cost
EE only	1,021.00	867.85	153.15
EE+1 Dep	2,164.00	1,839.40	324.60
EE+2/more	3,010.00	2,558.50	451.50

<b>Blue Shield 80% Plan G</b>	Total Premium	SCOE Pays	Monthly Cost
EE only	903.00	767.55	135.45
EE+1 Dep	1,911.00	1,624.35	286.65
EE+2/more	2,659.00	2,260.15	398.85

<b>Blue Shield 2-Tier HSA \$5,000</b> (Formerly known as Blue Shield 2-Tier Anchor Bronze)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
EE only	616.00	523.60	92.40
EE+1 Child	1,273.00	1082.05	190.95
EE+2/Children	1,273.00	1082.05	190.95

<b>Blue Shield WABE (Waiver of Anchor Bronze Enrollment)</b>	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
"OPT OUT"	616.00	523.60	92.40