2026 CSEA, CST, DMA, MDEA, & TEAMSTERS Medical Rates and Deductions for 12 Month Employees

MEDICAL PLANS	CalPERS Jan 2025 to Dec 2025 RATES	CalPERS Jan 2026 to Dec 2026 RATES	2025 Calendar MDUSD Coverage Rate	2026 Calendar MDUSD Coverage Rate based on current agreements	12 MONTH EMPLOYEES: 2025 Deductions: September to end of November 2025 paycheck	12 MONTH EMPLOYEES: *End of December 2025 through end of November 2026 paycheck
ANTHEM BLUE CROSS - Two (2) HMO Plans						
Anthem Blue Cross Select HMO	1,256.65	1,336.29	1,112.90	1,168.86	143.75	167.43
Anthem Blue Cross Select HMO 2 Party	2,513.30	2,672.58	2,225.80	2,337.72	287.50	334.86
Anthem Blue Cross Select HMO Fam	3,267.29	3,474.35	2,893.54	3,039.04	373.75	435.31
Anthem Blue Cross Traditional HMO	1,500.40	1,612.08	1,112.90	1,168.86	387.50	443.22
Anthem Blue Cross Trdtnl HMO 2 Party	3,000.80	3,224.16	2,225.80	2,337.72	775.00	886.44
Anthem Blue Cross Trdtnl HMO 2 Fam	3,901.04	4,191.41	2,893.54	3,039.04	1,007.50	1,152.37
BLUE SHIELD - Two (2) HMO Plans						
Access + HMO 1 Party	1,170.17	1,301.95	1,112.90	1,168.86	57.27	133.09
Access + HMO 2 Party	2,340.34	2,603.90	2,225.80	2,337.72	114.54	266.18
Access + HMO Family	3,042.44	3,385.07	2,893.54	3,039.04	148.90	346.03
BLUE SHIELD TRIO HMO						
Trio HMO 1 Party	1,134.79	1,166.58	1,112.90	1,168.86	21.89	0.00
Trio HMO 2 Party	2,269.58	2,333.16	2,225.80	2,337.72	43.78	0.00
Trio HMO Family	2,950.45	3,033.11	2,893.54	3,039.04	56.91	0.00
KAISER HMO						
Kaiser 1 Party	1,112.90	1,168.86	1,112.90	1,168.86	0.00	0.00
Kaiser 2 Party	2,225.80	2,337.72	2,225.80	2,337.72	0.00	0.00
Kaiser Family	2,893.54	3,039.04	2,893.54	3,039.04	0.00	0.00
BLUE SHIELD - Two (2) PPO Plans						
PERS Platinum PPO 1 Party	1,476.10	1,670.14	1,112.90	1,168.86	363.20	501.28
PERS Platinum PPO 2 Party	2,952.20	3,340.28	2,225.80	2,337.72	726.40	1,002.56
PERS Platinum PPO Family	3,837.86	4,342.36	2,893.54	3,039.04	944.32	1,303.32
PERS Gold PPO 1 Party	1,013.70	1,120.58	1,112.90	1,168.86	0.00	0.00
PERS Gold PPO 2 Party	2,027.40	2,241.16	2,225.80	2,337.72	0.00	0.00
PERS Gold PPO Family	2,635.62	2,913.51	2,893.54	3,039.04	0.00	0.00

UNITED HEALTHCARE SignatureValue Alliance HMO						
United Healthcare Sig Value Alliance 1 Party	1,184.58	1,290.06	1,112.90	1,168.86	71.68	121.20
United Healthcare Sig Value Alliance 2 Party	2,369.16	2,580.12	2,225.80	2,337.72	143.36	242.40
United Healthcare Sig Value Alliance Family	3,079.91	3,354.16	2,893.54	3,039.04	186.37	315.12
UNITED HEALTHCARE SignatureValue Harmony HMO						
United Healthcare Sig Value Harmony 1 Party	1,005.02	1,133.09	1,112.90	1,168.86	0.00	0.00
United Healthcare Sig Value Harmony 2 Party	2,010.04	2,266.18	2,225.80	2,337.72	0.00	0.00
United Healthcare Sig Value Harmony Family	2,613.05	2,946.03	2,893.54	3,039.04	0.00	0.00

*Even for the plans available in Contra Costa County, it is your responsibility to contact your Physician / Medical provider to be sure the plan you choose is available to you.

Some plans may not be available in every city within the county.

As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

To be sure your desired medical plan and your Primary Care Physician (PCP) are available in your county, go to the CalPERS site https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search to search by Zip Code to complete a "provider search." Similarly, you may contact your Physician and medical provider to determine if your primary care physician (PCP) is within your desired medical plan.

Be sure to review the plans in the 2026 CalPERS Health Benefit Summary on the Staff Portal of the District website under Staff Portal/Benefits visit: https://www.mdusd.org/departments/human-resources/benefits

The 2026 CalPERS Rate minus the 2026 District Contribution is what you pay beginning with your end of December paycheck.

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