



Pleasant Valley School District

Health Benefit Plans for Active Employees

2025/26 MONTHLY RATES*						
August 1, 2025 to September 30, 2025				October 1, 2025 to September 30, 2026		
	<u>1 Party</u>	<u>2 Party</u>	<u>Family</u>	<u>1 Party</u>	<u>2 Party</u>	<u>Family</u>
<u>MEDICAL PLANS:</u>						
<u>HMO Plans</u>						
ANTHEM BC	922.00	1803.00	2403.00	1009.00	1974.00	2630.00
CaliforniaCare	\$20 Office Co-Pay - Prescription Drugs 7-25					
KAISER PERMANENTE	835.00	1627.00	2162.00	913.00	1781.00	2366.00
	\$20 Office Co-Pay - Prescription Drugs 10-20					
<u>PPO Plans</u>						
ANTHEM BC 90%	1127.00	2214.00	2953.00	1221.00	2397.00	3199.00
	\$20 Office Co-Pay (\$100 individual/\$300 family deductible)Prescription Drugs 5-20					
ANTHEM BC 80%/20	956.00	1872.00	2497.00	1037.00	2031.00	2707.00
	\$20 Office Co-Pay (\$500 ind/\$1000 fam deductible) Prescription Drugs 7-25					
ANTHEM BC 80%/30	821.00	1606.00	2140.00	892.00	1745.00	2325.00
	\$30 Office Co-Pay (\$2000 individual/\$4000 family deductible) Prescription Drugs 9-35					
Anthem BC 80%/\$40	736.00	1436.00	1911.00	800.00	1560.00	2078.00
	\$40 office co-pay (\$3000 individual/\$6000 family deductible) Prescription Drugs 9-35					
SISC Proactive Care Plan				970.00	1901.00	2536.00
	\$0 office co-pay(\$0 deductible) Prescription Drugs 9-35 PC					
Anthem HSA 1700	812.00	1588.00	2116.00	881.00	1724.00	2298.00
	(\$1700 individual/\$3400 family deductible) Prescription 9-35 after deductible					
ANTHEM BC HSA 5000/70%	579.00	1112.00	1112.00	634.00	1217.00	1217.00
	(\$5000 individual/\$10000** family deductible) Employee or Employee + Child(ren) Only **Rx MVP					
<u>DELTA DENTAL:</u>						
Delta PPO Premier	57.52	104.14	160.61	57.52	104.14	160.61
<u>VSP - VISION PLAN:</u>						
Vision Service Plan	13.19	19.77	30.76	13.19	19.77	30.76

*Premiums are deducted from each regular paycheck (11 or 12 paychecks depending on your work schedule).

DETERMINE YOUR DISTRICT CONTRIBUTION/CAP

Effective 10/1/2013 the District Cap is determined on what Medical Tier level you are enrolled in.

1-Party Medical = \$12,100/year Maximum (\$1008.33/month for employees receiving 100% of cap. Part time employees, use formula shown below.)

2-Party Medical = \$19,700/year Maximum (\$1,641.67/month for employees receiving 100% of cap. Part time employees, use formula shown below.)

Family Medical = \$25,850/year Maximum (\$2154.17/month for employees receiving 100% of cap. Part time employees, use formula shown below.)

District Caps listed above are effective October 2025/2026

Classified Employees:

How many **contract** days are on your 2025/26 work year? _____ (A) (Example: Student Calander

How many hours per day will you work in the 2025/26 work year? _____ (B) has 193 days)

(If your schedule varies each day, total the number of hours you work in a week and divide by 5 days to get your average daily hours)

$$\frac{\text{_____}}{\text{(A)}} \times \frac{\text{_____}}{\text{(B)}} = \frac{\text{_____}}{\text{\# hrs for 2025/26}} \div 1,756 = \text{_____} \% \text{ (100\% Max)}$$

$$\frac{\text{_____}}{\text{(C)}} \times \text{Based on medical tier} = \$ \frac{\text{_____}}{\text{(D)}} \text{ District Annual Cap} \quad \frac{\text{_____}}{\text{(D)}} \div 12 = \text{_____} \text{ District Monthly Cap}$$

IMPORTANT: You must be assigned at least 878 hours in the work year to receive a contribution towards health benefits.

Certificated Employees:

The District's fiscal year contribution/cap is prorated according to full-time equivalency (FTE) from \$6,050-12,925 minimum (0.5 FTE) to \$12,100-\$25,850 maximum (Depending on Medical tier enrolled in. See above) (1.0 FTE). Simply multiply your FTE by \$11,100-\$22,850 (depending on tier) to determine your annual cap. Then divide that number by 12 months to determine your monthly cap.