

**2026-2027 INSURANCE COSTS
FOR PART-TIME CLASSIFIED EMPLOYEES
CSEBA Medical Plans Composite Rate**

ANNUAL INSURANCE COSTS 2026-2027				
	ALL COVERAGE WITH BLUE SHIELD HMO 1C (Trio ACO)	ALL COVERAGE WITH BLUE SHIELD HMO 1C (Access +)	ALL COVERAGE WITH BLUE SHIELD PPO (PLAN 3)	ALL COVERAGE WITH KAISER HMO (PLAN 8)
Medical	\$20,424.00	\$24,024.00	\$32,880.00	\$32,770.32
Dental	\$1,707.60	\$1,707.60	\$1,707.60	\$1,707.60
Vision	\$243.96	\$243.96	\$243.96	\$243.96
Life Insurance	\$46.80	\$46.80	\$46.80	\$46.80
ANNUAL TOTAL	\$22,422.36	\$26,022.36	\$34,878.36	\$34,768.68

DISTRICT CONTRIBUTION BASED ON CONTRACT HOURS PER DAY				
5 or more (65%)	\$14,574.53	\$16,914.53	\$22,670.93	\$22,599.64
4 or more (50%)	\$11,211.18	\$13,011.18	\$17,439.18	\$17,384.34
3 or more (35%)	\$7,847.83	\$9,107.83	\$12,207.43	\$12,169.04
2 or more (25%)	\$5,605.59	\$6,505.59	\$8,719.59	\$8,692.17

EMPLOYEE COST BASED ON CONTRACT HOURS PER DAY				
5 or more (35%)	\$7,847.83	\$9,107.83	\$12,207.43	\$12,169.04
4 or more (50%)	\$11,211.18	\$13,011.18	\$17,439.18	\$17,384.34
3 or more (65%)	\$14,574.53	\$16,914.53	\$22,670.93	\$22,599.64
2 or more (75%)	\$16,816.77	\$19,516.77	\$26,158.77	\$26,076.51

Payroll deductions for insurance costs:

For **10 and 11 month** employees, divide employee cost by 11.

Deductions are made on a monthly basis, June, Aug - May.

For **12 month** employees, divide employee cost by 12.

Deductions are made on a monthly basis, June-May.

2026-2027 INSURANCE COSTS
FOR PART-TIME CLASSIFIED EMPLOYEES
CSEBA Minimum Value Blue Shield HMO Tiered Rate Plans

ANNUAL INSURANCE COSTS 2026-2027			
	ALL COVERAGES MIN VALUE PLAN BLUE SHIELD HMO 12 (Trio ACO) SINGLE RATE	ALL COVERAGES MIN VALUE PLAN BLUE SHIELD HMO 12 (Trio ACO) TWO-PERSON RATE	ALL COVERAGES MIN VALUE PLAN BLUE SHIELD HMO 12 (Trio ACO) FAMILY RATE
Medical	\$6,384.00	\$12,768.00	\$18,072.00
Dental	\$1,707.60	\$1,707.60	\$1,707.60
Vision	\$243.96	\$243.96	\$243.96
Life Insurance	\$46.80	\$46.80	\$46.80
ANNUAL TOTAL	\$8,382.36	\$14,766.36	\$20,070.36

DISTRICT CONTRIBUTION BASED ON CONTRACT HOURS PER DAY			
5 or more (65%)	\$5,448.53	\$9,598.13	\$13,045.73
4 or more (50%)	\$4,191.18	\$7,383.18	\$10,038.18
3 or more (35%)	\$2,933.83	\$5,168.23	\$7,024.63
2 or more (25%)	\$2,095.59	\$3,691.59	\$5,017.59

EMPLOYEE COST BASED ON CONTRACT HOURS PER DAY			
5 or more (35%)	\$2,933.83	\$5,168.23	\$7,024.63
4 or more (50%)	\$4,191.18	\$7,383.18	\$10,038.18
3 or more (65%)	\$5,448.53	\$9,598.13	\$13,045.73
2 or more (75%)	\$6,286.77	\$11,074.77	\$15,052.77

Payroll deductions for insurance costs:

For **10 and 11 month** employees, divide employee cost by 11.

Deductions are made on a monthly basis, June, Aug - May.

For **12 month** employees, divide employee cost by 12.

Deductions are made on a monthly basis, June-May.