Cambrian School District									
Kaiser Insurance Plans Effective October 1, 2026 - September 30, 2027 1.0 FTE									
			11 Month Employees						
	Kaiser $20 HMO Traditional			Kaiser Deductible DHMO1000			Kaiser HSA 3000 High Deductible		
Tier	Single	Two-Party	Family	Single	Two-Party	Family	Single	Two-Party	Family
Medical	1,147.00	2,294.00	3,442.00	1,045.00	2,090.00	3,135.00	800.00	1,600.00	2,399.00
Dental (High Plan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,210.47	2,420.89	3,659.88	1,108.47	2,216.89	3,352.88	863.47	1,726.89	2,616.88
Annual	14,525.64	29,050.68	43,918.56	13,301.64	26,602.68	40,234.56	10,361.64	20,722.68	31,402.56
District Paid	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00
EE Responsibility	0.00	11,675.68	21,143.56	0.00	9,227.68	17,459.56	0.00	3,347.68	8,627.56
11 Payments	**0.00**	**1,061.43**	**1,922.14**	**0.00**	**838.88**	**1,587.23**	**0.00**	**304.33**	**784.32**
			12 Month Employees						
	Kaiser $20 HMO Traditional			Kaiser Deductible DHMO1000			Kaiser HSA 3400 High Deductible		
Tier	Single	Two-Party	Family	Single	Two-Party	Family	Single	Two-Party	Family
Medical	1,147.00	2,294.00	3,442.00	1,045.00	2,090.00	3,135.00	800.00	1,600.00	2,399.00
Dental (high Plan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,210.47	2,420.89	3,659.88	1,108.47	2,216.89	3,352.88	863.47	1,726.89	2,616.88
Annual	14,525.64	29,050.68	43,918.56	13,301.64	26,602.68	40,234.56	10,361.64	20,722.68	31,402.56
District Paid	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00
EE Responsibility	0.00	11,675.68	21,143.56	0.00	9,227.68	17,459.56	0.00	3,347.68	8,627.56
12 Payments	**0.00**	**972.97**	**1,761.96**	**0.00**	**768.97**	**1,454.96**	**0.00**	**278.97**	**718.96**
						Questions Contact:			
						Kendel Browning - Payroll and Benefits Coordinator			
						408-377-2103 X1120			
						browningk@cambriansd.com			

Cambrian School District

Health and Welfare Insurance Effective October 1, 2026 - September 30, 2027 1.0 FTE

11 Month Employees

	Anthem HMO - Classic 20			Anthem HMO - Value 30			Anthem PPO 80-J 30			Anthem PPO HSA 5000 Anchor Bronze		
Tier	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**EE+Child**	**EE+children**
Medical	1,480.00	2,972.00	4,417.00	1,408.00	2,824.00	4,193.00	1,226.00	2,450.00	3,627.00	851.00	1,674.00	1,674.00
Dental(HighPlan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,543.47	3,098.89	4,634.88	1,471.47	2,950.89	4,410.88	1,289.47	2,576.89	3,844.88	914.47	1,800.89	1,891.88
Annual	18,521.64	37,186.68	55,618.56	17,657.64	35,410.68	52,930.56	15,473.64	30,922.68	46,138.56	10,973.64	21,610.68	22,702.56
District Paid	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00
EE Responsibility	3,621.64	19,811.68	32,843.56	2,757.64	18,035.68	30,155.56	573.64	13,547.68	23,363.56	0.00	4,235.68	0.00
11 Payments	**329.24**	**1,801.06**	**2,985.78**	**250.69**	**1,639.61**	**2,741.41**	**52.15**	**1,231.61**	**2,123.96**	**0.00**	**385.06**	**0.00**

12 Month Employees

	Anthem HMO - Classic 20			Anthem HMO - Value 30			Anthem PPO 80-J 30			Anthem PPO HSA 5000 Anchor Bronze		
Tier	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**Two-Party**	**Family**	**Single**	**EE+Child**	**EE+children**
Medical	1,480.00	2,972.00	4,417.00	1,408.00	2,824.00	4,193.00	1,226.00	2,450.00	3,627.00	851.00	1,674.00	1,674.00
Dental(HighPlan)	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99	55.02	110.00	185.99
Vision (High Plan)	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89	8.45	16.89	31.89
Total	1,543.47	3,098.89	4,634.88	1,471.47	2,950.89	4,410.88	1,289.47	2,576.89	3,844.88	914.47	1,800.89	1,891.88
Annual	18,521.64	37,186.68	55,618.56	17,657.64	35,410.68	52,930.56	15,473.64	30,922.68	46,138.56	10,973.64	21,610.68	22,702.56
District Paid	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00	14,900.00	17,375.00	22,775.00
EE Responsibility	3,621.64	19,811.68	32,843.56	2,757.64	18,035.68	30,155.56	573.64	13,547.68	23,363.56	0.00	4,235.68	0.00
12 Payments	**301.80**	**1,650.97**	**2,736.96**	**229.80**	**1,502.97**	**2,512.96**	**47.80**	**1,128.97**	**1,946.96**	**0.00**	**352.97**	**0.00**

Questions Contact:
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