ROSS VALLEY SCHOOL DISTRICT
Health & Welfare Benefit Comparison 2026-2027

NEW RATES FOR 2026 - 2027

MEDICAL UNDER PERS HEALTH BENEFIT & DELTA DENTAL PPO		Monthly Amounts Employee Only	Employee + One	Employee + Two	% CHG
DELTA DENTAL PPO - Effective 10/1/2026 through 9/30/2027		49.52	99.04	143.62	-10.00%
MEDICAL - Effective 1/1/2027 through 12/31/2027					
HMOs	Plan Code				
Anthem Blue Cross Traditional HMO	509	1,732.52	3,465.04	4,504.55	7.47%
Blue Shield Access+	525	1,479.12	2,958.24	3,845.71	13.61%
Kaiser HMO	533	1,187.63	2,375.26	3,087.84	1.61%
Western Health Advantage	591	1,030.80	2,061.60	2,680.08	6.31%
PPOs					
PERS Gold Select (Blue Shield of California)	648	1,215.17	2,430.34	3,159.44	8.44%
PERS Platinum Choice (Blue Shield of California)	657	1,778.62	3,557.24	4,624.41	6.50%
INCOME PROTECTION PLAN (Mandatory)					
The Standard Group Disability		Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental		1,237.15			

RATES FOR 2025 - 2026

MEDICAL UNDER PERS HEALTH BENEFIT & DELTA DENTAL PPO		Monthly Amounts Employee Only	Employee + One	Employee + Two	% CHG
DELTA DENTAL PPO - Effective 10/1/2025 through 9/30/2026		55.02	110.05	159.58	-10.00%
MEDICAL - Effective 1/1/2026 through 12/31/2026					
HMOs					
Anthem Blue Cross Traditional HMO	509	1,612.08	3,224.16	4,191.41	7.44%
Blue Shield Access+	525	1,301.95	2,603.90	3,385.07	11.26%
Kaiser HMO	533	1,168.86	2,337.72	3,039.04	5.03%
United Healthcare Signature Value Alliance	576	1,290.06	2,580.12	3,354.16	8.90%
Western Health Advantage	591	969.58	1,939.16	2,520.91	6.05%
PPOs					
PERS Gold Select (Blue Shield of California)	613	1,120.58	2,241.16	2,913.51	10.81%
PERS Platinum Choice (Blue Shield of California)	601	1,670.14	3,340.28	4,342.36	12.31%
INCOME PROTECTION PLAN (Mandatory)					
The Standard Maximum Premium		Sliding Scale	*See backside for rate scale		
Total Monthly with Kaiser & Delta Dental		1,223.88			

PLEASE NOTE:
Open Enrollment Dates for Medical: 9/14/26-10/9/26 There is No Open Enrollment for Dental Coverage

- **Effective 1/1/26 District H&W Cap for Classified Employees: $1,223.88/mo or $14,686.56/yr plus Income Protection**
- **Effective 1/1/27 District H&W Cap for Certificated Employees: $1,237.15/mo or $14,845.80/yr plus Income Protection**
- **For all employees hired after 1/1/2001 - the Cap is prorated by FTE**

For More Information:
- **Anthem Blue Cross HMO Traditional - www.anthem.com/ca/calpers or (855) 839-4524**
- **Blue Shield Access+ HMO - blueshieldca.com/calpers (800) 334-5847**
- **Kaiser Permanente - www.kp.org/calpers or (800) 464-4000 or (800) 305-1220**
- **PERS Gold or Platinum (Blue Shield PPO) - www.anthem.com/ca/calpers or (877) 737-7776**
- **Western Health Advantage - www.westernhealth.com/calpers/plans-and-benefits/ or (888) 942-7377**
- **CalPERS information & publications - www.my.calpers.ca.gov or (888) 225-7377**
- **Health Benefits Summary - https://www.calpers.ca.gov/docs/forms-publications/2024-health-benefit-summary.pdf**