

<i>District Contributions</i>	Employee Only	Employee & 1 Dependent	Employee & 2 Dep (Family)
Health and Dental Coverage	\$ 1,225.22	\$ 1,508.33	\$ 1,855.00

Dental Only Coverage	\$ 56.36	\$ 112.73	\$ 163.45
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**Dental only up to \$201.79 per month*

Monthly Premium Rates effective 1/1/2026

HMO Plans

Anthem Blue Cross Select HMO	\$ 1,336.29	\$ 2,672.58	\$ 3,474.35
Anthem Blue Cross Traditional HMO	\$ 1,612.08	\$ 3,224.16	\$ 4,191.41
Blue Shield Access +	\$ 1,301.95	\$ 2,603.90	\$ 3,385.07
Blue Shield Trio HMO	\$ 1,166.58	\$ 2,333.16	\$ 3,033.11
Kaiser Permanente	\$ 1,168.86	\$ 2,337.72	\$ 3,039.04
United Healthcare Signature Value Alliance	\$ 1,290.06	\$ 2,580.12	\$ 3,354.16
United Healthcare Signature Value Harmony	\$ 1,133.09	\$ 2,266.18	\$ 2,946.03
Western Health Advantage	\$ 969.58	\$ 1,939.16	\$ 2,520.91

PPO Plans

PERS Gold ~ Blue Shield of California, PPO	\$ 1,120.58	\$ 2,241.16	\$ 2,913.51
PERS Platinum ~ Blue Shield of California, PPO	\$ 1,670.14	\$ 3,340.28	\$ 4,342.36

Please go CalPERS website to make sure the plan is available in the county you live.

Monthly Premium Rates effective 10/1/2025

Delta Dental ~ Mandatory for employee	\$ 56.36	\$ 112.73	\$ 163.45
VSP Vision ~ Employee paid	\$ 11.74	\$ 24.52	\$ 35.22

Employee's premium cost may be deducted before taxes, if employee meets with American Fidelity Representative to sign authorization

Per Article VII, section D, Classified employees working less than full time receive a prorated portion of the district contributions based on hours worked per day ~ 4 to 5 hrs = 66%, up to 6 hrs = 75%, up to 8 hrs = 100%

Employee cost = health + dental premiums, minus district contribution

Example: If you are on Kaiser and Delta with 1 dependent, add \$2,337.72 + \$112.73 subtract \$1,508.33, your cost equals \$942.12 per month.

[CalPERS](#)

[Athem, Blue Cross of California Plans](#)

[PERS PPO & HMO - Blue Shield of CA](#)

[Kaiser Permanente](#)

[United Healthcare](#)

[Westen Health Advantage](#)

[Delta Dental](#)

[VSP ~ \(800\) 877-7195](#)