

<i>District Contributions</i>	Employee Only	Employee & 1 Dependent	Employee & 2 Dep (Family)
Health and Dental Coverage	\$ 1,238.35	\$ 1,508.33	\$ 1,855.00

Dental Only Coverage	\$ 50.72	\$ 101.46	\$ 147.10
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**Dental only up to family premium per month*

Monthly Premium Rates effective 1/1/2027

HMO Plans

Anthem Blue Cross Select HMO	\$ 1,486.44	\$ 2,972.88	\$ 3,864.74
Anthem Blue Cross Traditional HMO	\$ 1,732.52	\$ 3,465.04	\$ 4,504.55
Blue Shield Access +	\$ 1,479.12	\$ 2,958.24	\$ 3,845.71
Blue Shield Trio HMO	\$ 1,202.57	\$ 2,405.14	\$ 3,126.68
Kaiser Permanente	\$ 1,187.63	\$ 2,375.26	\$ 3,087.84
United Healthcare Signature Value Harmony	\$ 1,130.67	\$ 2,261.34	\$ 2,939.74
Western Health Advantage	\$ 1,030.80	\$ 2,061.60	\$ 2,680.08

PPO Plans

PERS Gold ~ Anthem, Blue Cross of California, PPO	\$ 1,215.17	\$ 2,430.34	\$ 3,159.44
PERS Platinum ~ Anthem, Blue Cross of California, PPO	\$ 1,778.62	\$ 3,557.24	\$ 4,624.41

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

Monthly Premium Rates effective 10/1/2026

Delta Dental ~ Mandatory for employee	\$ 50.72	\$ 101.46	\$ 147.10
VSP Vision ~ Employee paid	\$ 10.56	\$ 22.07	\$ 31.70

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 \$2,375.26 + \$101.46 subtract \$1,508.33, your cost equals \$968.39 per month.

[CalPERS](#)

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

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

[Kaiser Permanente](#)

[United Healthcare](#)

[Western Health Advantage](#)

[Delta Dental](#)

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