

## ASCOE Hired after 7-1-2011

### 2026/2027 COST OF HEALTH BENEFITS

#### SCOE Contribution at 85%

| <b>Kaiser Traditional HMO Plan</b><br>\$10 OV; \$150 Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|---------------------------------------------------------------------|---------------|-----------|------------------------|-------------------------|
| EE only                                                             | 1,277.00      | 1,085.45  | 191.55                 | 208.96                  |
| EE + 1 Dep                                                          | 2,695.00      | 2,290.75  | 404.25                 | 441.00                  |
| EE + 2/more                                                         | 3,743.00      | 3,181.55  | 561.45                 | 612.49                  |

| <b>Kaiser Deductible HMO (DHMO)</b><br>\$500 Deduct; \$150 Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|---------------------------------------------------------------------------|---------------|-----------|------------------------|-------------------------|
| EE only                                                                   | 1,104.00      | 938.40    | 165.60                 | 180.65                  |
| EE + 1 Dep                                                                | 2,329.00      | 1,979.65  | 349.35                 | 381.11                  |
| EE + 2/more                                                               | 3,235.00      | 2,749.75  | 485.25                 | 529.36                  |

| <b>Blue Shield 100% Plan B</b><br>\$100 Deduct: No Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|-------------------------------------------------------------------|---------------|-----------|------------------------|-------------------------|
| EE only                                                           | 1,207.00      | 1,025.95  | 181.05                 | 197.51                  |
| EE+1 Dep                                                          | 2,565.00      | 2,180.25  | 384.75                 | 419.73                  |
| EE+2/more                                                         | 3,571.00      | 3,035.35  | 535.65                 | 584.35                  |

| <b>Blue Shield 90% Plan E</b><br>No Vision Benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|----------------------------------------------------|---------------|-----------|------------------------|-------------------------|
| EE only                                            | 1,113.00      | 946.05    | 166.95                 | 182.13                  |
| EE+1 Dep                                           | 2,358.00      | 2,004.30  | 353.70                 | 385.85                  |
| EE+2/more                                          | 3,278.00      | 2,786.30  | 491.70                 | 536.40                  |

| <b>Blue Shield 80% Plan G</b><br>No vision benefit | Total Premium | SCOE Pays | 12 month Employee Cost | 11 months share of cost |
|----------------------------------------------------|---------------|-----------|------------------------|-------------------------|
| EE only                                            | 978.00        | 831.30    | 146.70                 | 160.04                  |
| EE+1 Dep                                           | 2,069.00      | 1,758.65  | 310.35                 | 338.56                  |
| EE+2/more                                          | 2,877.00      | 2,445.45  | 431.55                 | 470.78                  |

| <b>Blue Shield 2-Tier HSA \$5,000 - No Vision Benefit (Formerly known as Blue Shield 2-Tier Anchor Bronze)</b> | Total Monthly Medical Premium | SCOE Pays | 12 month Share of Cost | 11 months share of cost |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|------------------------|-------------------------|
| EE only                                                                                                        | 679.00                        | 577.15    | 101.85                 | 111.11                  |
| EE+1 Child                                                                                                     | 1,402.00                      | 1,191.70  | 210.30                 | 229.42                  |
| EE+2/Children                                                                                                  | 1,402.00                      | 1,191.70  | 210.30                 | 229.42                  |

| <b>Blue Shield WABE (Waiver of Anchor Bronze Enrollment)</b> | Total Monthly Medical Premium | SCOE Pays | 12 month Share of Cost | 11 months share of cost |
|--------------------------------------------------------------|-------------------------------|-----------|------------------------|-------------------------|
| "OPT OUT"                                                    | 679.00                        | 577.15    | 101.85                 | 111.11                  |