

ASCOE Hired before 7-1-2011

2026/2027 COST OF HEALTH BENEFITS

SCOE Contribution at 90%

Kaiser Traditional HMO Plan \$10 OV; \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,277.00	1,149.30	127.70	139.31
EE + 1 Dep	2,695.00	2,425.50	269.50	294.00
EE + 2/more	3,743.00	3,368.70	374.30	408.33

Kaiser Deductible HMO (DHMO) \$500 Deduct; \$150 Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,104.00	993.60	110.40	120.44
EE + 1 Dep	2,329.00	2,096.10	232.90	254.07
EE + 2/more	3,235.00	2,911.50	323.50	352.91

Blue Shield 100% Plan B \$100 Deduct: No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,207.00	1,086.30	120.70	131.67
EE+1 Dep	2,565.00	2,308.50	256.50	279.82
EE+2/more	3,571.00	3,213.90	357.10	389.56

Blue Shield 90% Plan E No Vision Benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	1,113.00	1,001.70	111.30	121.42
EE+1 Dep	2,358.00	2,122.20	235.80	257.24
EE+2/more	3,278.00	2,950.20	327.80	357.60

Blue Shield 80% Plan G No vision benefit	Total Premium	SCOE Pays	12 month Employee Cost	11 months share of cost
EE only	978.00	880.20	97.80	106.69
EE+1 Dep	2,069.00	1,862.10	206.90	225.71
EE+2/more	2,877.00	2,589.30	287.70	313.85

Blue Shield 2-Tier HSA \$5,000 - No Vision Benefit (Formerly known as Blue Shield 2-Tier Anchor Bronze)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
EE only	679.00	611.10	67.90	74.07
EE+1 Child	1,402.00	1,261.80	140.20	152.95
EE+2/Children	1,402.00	1,261.80	140.20	152.95

Blue Shield WABE (Waiver of Anchor Bronze Enrollment)	Total Monthly Medical Premium	SCOE Pays	12 month Share of Cost	11 months share of cost
"OPT OUT"	679.00	611.10	67.90	74.07