

BOARD MEMBERS

HIRED AFTER FEB. 1, 2011

2026/2027 COST OF HEALTH BENEFITS

Kaiser High Plan Package 1	Total Premium	SCOE Pays	Monthly Cost
EE only	1269.00	1,078.65	190.35
EE + 1 Dep	2,679.00	2,277.15	401.85
EE + 2/more	3,720.00	3,162.00	558.00

Kaiser High Plan Package 2	Total Premium	SCOE Pays	Monthly Cost
EE only	1241.00	1,054.85	186.15
EE + 1 Dep	2,620.00	2,227.00	393.00
EE + 2/more	3,638.00	3,092.30	545.70

Kaiser MID Option Plan	Total Premium	SCOE Pays	Monthly Cost
EE only	1097.00	932.45	164.55
EE + 1 Dep	2,314.00	1,966.90	347.10
EE + 2/more	3,213.00	2,731.05	481.95

Kaiser High Deductible with HSA (No SCOE funding for the HSA account as of 10-1-2011)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
EE only	809.00	687.65	121.35
EE + 1 Dep	1,707.00	1,450.95	256.05
EE + 2/more	2,370.00	2,014.50	355.50

Blue Shield 100% Plan B	Total Premium	SCOE Pays	Monthly Cost
EE only	1,207.00	1,025.95	181.05
EE+1 Dep	2,565.00	2,180.25	384.75
EE+2/more	3,571.00	3,035.35	535.65

Blue Shield 90% Plan E	Total Premium	SCOE Pays	Monthly Cost
EE only	1,113.00	946.05	166.95
EE+1 Dep	2,358.00	2,004.30	353.70
EE+2/more	3,278.00	2,786.30	491.70

Blue Shield 80% Plan G	Total Premium	SCOE Pays	Monthly Cost
EE only	978.00	831.30	146.70
EE+1 Dep	2,069.00	1,758.65	310.35
EE+2/more	2,877.00	2,445.45	431.55

Blue Shield 2-Tier HSA \$5,000 (Formerly known as Blue Shield 2-Tier Anchor Bronze)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
EE only	679.00	577.15	101.85
EE+1 Child	1,402.00	1191.70	210.30
EE+2/Children	1,402.00	1191.70	210.30

Blue Shield WABE (Waiver of Anchor Bronze Enrollment)	Total Monthly Medical Premium	SCOE Pays	Monthly Cost
"OPT OUT"	679.00	577.15	101.85