CALIFORNIA'S VALUED TRUST
CERTIFICATED MONTHLY COMPOSITE RATES
EFFECTIVE OCTOBER 1, 2026 - SEPTEMBER 30, 2027

	MEDICAL MONTHLY PREMIUM		DENTAL MONTHLY PREMIUM		VISION MONTHLY PREMIUM		TOTAL MONTHLY PREMIUMS		DISTRICT MONTHLY CONTRIBUTION		(185 days) 11AR PAY EMPLOYEE MONTHLY COST
Anthem PPO 3, Rx B	3024.00	+	89.61	+	16.99	=	3130.60	-	1333.33	=	**1960.66**
Anthem PPO 7, Rx B	2662.00	+	89.61	+	16.99	=	2768.60	-	1333.33	=	**1565.75**
Anthem PPO 9, Rx B	2185.00	+	89.61	+	16.99	=	2291.60	-	1333.33	=	**1045.39**
Anthem PPO Wellness, Rx C	2711.00	+	89.61	+	16.99	=	2817.60	-	1333.33	=	**1619.20**
Anthem HDHP2 ***(HSA eligible)***	1645.00	+	89.61	+	16.99	=	1751.60	-	1333.33	=	**456.29**
Anthem HDHP3 ***(HSA eligible)***	1381.00	+	89.61	+	16.99	=	1487.60	-	1333.33	=	**168.29**
Anthem PPO Bronze	1498.00	+	89.61	+	16.99	=	1604.60	-	1333.33	=	**295.93**

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CERTIFICATED MONTHLY COMPOSITE RATES
EFFECTIVE OCTOBER 1, 2026 - SEPTEMBER 30, 2027

	MEDICAL MONTHLY PREMIUM		DENTAL MONTHLY PREMIUM		VISION MONTHLY PREMIUM		TOTAL MONTHLY PREMIUMS		DISTRICT MONTHLY CONTRIBUTION		(189-195 days) 12 PAY EMPLOYEE MONTHLY COST
Anthem PPO 3, Rx B	3024.00	+	89.61	+	16.99	=	3130.60	-	1333.33	=	**1797.27**
Anthem PPO 7, Rx B	2662.00	+	89.61	+	16.99	=	2768.60	-	1333.33	=	**1435.27**
Anthem PPO 9, Rx B	2185.00	+	89.61	+	16.99	=	2291.60	-	1333.33	=	**958.27**
Anthem PPO Wellness, Rx C	2711.00	+	89.61	+	16.99	=	2817.60	-	1333.33	=	**1484.27**
Anthem HDHP2 ***(HSA eligible)***	1645.00	+	89.61	+	16.99	=	1751.60	-	1333.33	=	**418.27**
Anthem HDHP3 ***(HSA eligible)***	1381.00	+	89.61	+	16.99	=	1487.60	-	1333.33	=	**154.27**
Anthem PPO Bronze	1498.00	+	89.61	+	16.99	=	1604.60	-	1333.33	=	**271.27**