

**CALIFORNIA'S VALUED TRUST  
 CERTIFICATED MONTHLY COMPOSITE RATES  
 EFFECTIVE FEB 1, 2026 - JUN 30, 2026**

	MEDICAL MONTHLY PREMIUM	DENTAL MONTHLY PREMIUM	VISION MONTHLY PREMIUM	TOTAL MONTHLY PREMIUMS	DISTRICT MONTHLY CONTRIBUTION	(185 days) 11AR PAY EMPLOYEE MONTHLY COST
<b>Anthem PPO 3, Rx B</b>	2800.00	89.61	16.99	2906.6	1366.67	1679.92
<b>Anthem PPO 7, Rx B</b>	2465.00	89.61	16.99	2571.6	1366.67	1314.47
<b>Anthem PPO 9, Rx B</b>	2023.00	89.61	16.99	2129.6	1366.67	832.29
<b>Anthem PPO Wellness, Rx C</b>	2510.00	89.61	16.99	2616.6	1366.67	1363.56
<b>Anthem HDHP2 (HSA eligible)</b>	1523.00	89.61	16.99	1629.6	1366.67	286.83
<b>Anthem HDHP3 (HSA eligible)</b>	1279.00	89.61	16.99	1385.6	1366.67	20.65
<b>Anthem PPO Bronze</b>	1387.00	89.61	16.99	1493.6	1366.67	138.47

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	MEDICAL MONTHLY PREMIUM	DENTAL MONTHLY PREMIUM	VISION MONTHLY PREMIUM	TOTAL MONTHLY PREMIUMS	DISTRICT MONTHLY CONTRIBUTION	(189-195 days) <b>12 PAY EMPLOYEE MONTHLY COST</b>
<b>Anthem PPO 3, Rx B</b>	2800.00	89.61	16.99	2906.6	1366.67	<b>1539.93</b>
<b>Anthem PPO 7, Rx B</b>	2465.00	89.61	16.99	2571.6	1366.67	<b>1204.93</b>
<b>Anthem PPO 9, Rx B</b>	2023.00	89.61	16.99	2129.6	1366.67	<b>762.93</b>
<b>Anthem PPO Wellness, Rx C</b>	2510.00	89.61	16.99	2616.6	1366.67	<b>1249.93</b>
<b>Anthem HDHP2 (HSA eligible)</b>	1523.00	89.61	16.99	1629.6	1366.67	<b>262.93</b>
<b>Anthem HDHP3 (HSA eligible)</b>	1279.00	89.61	16.99	1385.6	1366.67	<b>18.93</b>
<b>Anthem PPO Bronze</b>	1387.00	89.61	16.99	1493.6	1366.67	<b>126.93</b>