Solano County Office of Education - CalPERS Regional Health Premiums

Region 1 Monthly Rates as of December 2026

How to read this sheet: Choose your coverage tier, then find your plan. The amount shown is your estimated **monthly** employee contribution for employees working 1 FTE. For those paid over 11 months, there will be an additional amount deducted to cover July premiums.

Medical plan	Plan type	Available in Solano?	Employee only	Employee + one	Family
Anthem Blue Cross Select HMO	HMO	Not available in Solano County	$ 311.44	$ 1,697.88	$ 2,464.74
Anthem Blue Cross Traditional HMO	HMO	Yes	$ 557.52	$ 2,190.04	$ 3,104.55
Blue Shield Access+ HMO	HMO	Yes	$ 304.12	$ 1,683.24	$ 2,445.71
Blue Shield EPO	EPO	Not available in Solano County	$ 304.12	$ 1,683.24	$ 2,445.71
Blue Shield Trio HMO	HMO	Not available in Solano County	$ 27.57	$ 1,130.14	$ 1,726.68
Kaiser Permanente HMO	HMO	Yes	$ 12.63	$ 1,100.26	$ 1,687.84
PERS Gold PPO	PPO	Yes	$ 40.17	$ 1,155.34	$ 1,759.44
PERS Platinum PPO	PPO	Yes	$ 603.62	$ 2,282.24	$ 3,224.41
Sutter Health	HMO	Yes	$ -	$ 986.34	$ 1,539.74
Western Health Advantage HMO	HMO	Yes	$ -	$ 786.60	$ 1,280.08
SCOE monthly employer contribution (full eligible amount)			**$ 1,175.00**	**$ 1,275.00**	**$ 1,400.00**

Important notes

- $0.00 means the SCOE contribution covers the full monthly premium at the full eligible FTE.
- Employer contributions are prorated by FTE; your actual deduction may be higher if you work less than the full eligible FTE of 1.0.
- Some plans are not offered in Solano County. Confirm availability for your ZIP code at www.calpers.ca.gov.

Dental and vision are employer-paid benefits and are not included in the medical plan amounts above.

Dental $93.42 **Vision SCEA, CSEA, AFSCME/PEU $24.71** **Vision Management $27.58**

Prorated Employer Contribution Guide

CSEA, PEU, and Classified Management Rate Adjustments by FTE (may be off by a few pennies due to rounding in the financial system).

Employee only • Full eligible cap: $1175.00

Hours Per Day (Minimum of 20 hours per week)	Monthly cap
4	$ 783.33
4.5	$ 881.25
5	$ 979.17
5.5	$ 1,077.08
6	$ 1,175.00

Employee + one • Full eligible cap: $1275.00

Hours Per Day (Minimum of 20 hours per week)	Monthly cap
4	$ 850.00
4.5	$ 956.25
5	$ 1,062.50
5.5	$ 1,168.75
6	$ 1,275.00

Family • Full eligible cap: $1400.00

Hours Per Day (Minimum of 20 hours per week)	Monthly cap
4	$ 933.33
4.5	$ 1,050.00
5	$ 1,166.67
5.5	$ 1,283.33
6	$ 1,400.00

If you have any questions, please contact Payroll and Benefits, SCOEPayroll@solanocoe.net.