



2025-26 HEALTH INSURANCE PLANS – BCTA

EMPLOYEE COST – Revised 10/1/25

***Employee monthly cost based on 12-month assignment**

HUMAN RESOURCES

530-532-5765

Fax 530-532-5787

BCOE Medical Cap Contribution: \$1,300.00

BCOE Dental Cap Contribution: \$109.00

BCOE Vision Cap Contribution: \$19.00

2025-26 Anthem Medical Plans

Plan Description	Employee Monthly Cost	Both Spouses Enrolled in SISC Coverage 25% premium discount
80% G \$30	\$2,119 less cap = \$819/month	-\$530 discount \$1,589 less cap = \$289/month
80% J \$30	\$1,925 less cap = \$625/month	-\$481 discount \$1,444 less cap = \$144/month
80% M \$40	\$1,573 less cap = \$273/month	-\$393 discount \$1,180 less cap = \$120 rebate/month
HSA \$1700	\$1,826 less cap = \$526/month	-\$457 discount \$1,369 less cap = \$69/month
HSA \$5000	\$1,305 less cap = \$5/month	-\$326 discount \$979 less cap = \$321 rebate/month
MEC \$9000	\$1,234 less cap = \$66 rebate/month	-\$309 discount \$952 less cap = \$348 rebate/month

2025-26 Kaiser Medical Plan

Traditional HMO \$30	\$2,083 less cap = \$783/month	-\$521 discount \$1,562 less cap = \$262/month
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2025-26 Delta Dental Plans

PPO Plan 1 - No Ortho	\$69 less cap = \$40 rebate/month
PPO Plan 8 – No Ortho	\$115 less cap = \$6/month
PPO Plan 10 – Includes Ortho	\$124 less cap = \$15/month
PPO Plan 12 - Includes Ortho	\$145 less cap = \$36/month

2025-26 Vision Plans

Plan 4 - \$10 Copay - Frames – 1 per 24 months	\$19 total premium less cap = \$0/month
Plan 4X - \$10 Copay w/Contacts - Frames – 1 per 24 months	\$32 total premium less cap = \$13/month
Plan 8 - \$10 Copay - Frames – 1 per 12 months	\$29 total premium less cap = \$10/month
Plan 8X - \$0 Copay w/Contacts - Frames – 1 per 12 months	\$42 total premium less cap = \$23/month