HUMAN RESOURCES
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2026-27 HEALTH INSURANCE PLANS – CSEA 436
EMPLOYEE COST

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

BCOE Medical Cap Contribution: $1,430.00
BCOE Dental Cap Contribution: $95.00
BCOE Vision Cap Contribution: $19.00

2026-27 Anthem Medical Plans		
Plan Description	**Employee Monthly Cost**	**Both Spouses Enrolled in SISC Coverage 25% premium discount**
80% J $30	$2,190 less cap = **$760/month**	-$548 discount $1,642 less cap = **$212/month**
80% L $30	$1,989 less cap = **$559/month**	-$497 discount $1,492 less cap = **$62/month**
80% M $40	$1,786 less cap = **$356/month**	-$447 discount $1,339 less cap = **$91 rebate/month**
HSA $1700	$2,074 less cap = **$644/month**	-$519 discount $1,555 less cap = **$125/month**
HSA $5000	$1,500 less cap = **$70/month**	-$357 discount $1,143 less cap = **$287 rebate/month**
MEC $9000	$1,418 less cap = **$12 rebate/month**	-$355 discount $1,063 less cap = **$367 rebate/month**
2026-27 Kaiser Medical Plan		
HSA B $3400	$1,668 less cap = **$238/month**	-$417 discount $1,251 less cap = **$179 rebate/month**
2026-27 Delta Dental Plans		
PPO Plan 1 - No Ortho		$69 less cap = **$26 rebate/month**
PPO Plan 8 – No Ortho		$115 less cap = **$20/month**
PPO Plan 10 – Includes Ortho		$124 less cap = **$29/month**
PPO Plan 12 - Includes Ortho		$145 less cap = **$50/month**
2026-27 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**