



**2026-27 HEALTH INSURANCE PLANS – CSEA 436
EMPLOYEE COST**

HUMAN RESOURCES
530-532-5765
Fax 530-532-5787

***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	-\$375 discount \$1,125 less cap = \$305 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
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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