HUMAN RESOURCES
530-532-5765
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2026-27 HEALTH INSURANCE PLANS – BCTA
EMPLOYEE COST

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

BCOE Medical Cap Contribution: $1,430.00
BCOE Dental Cap Contribution: $109.00
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% G $30	$2,307 less cap = **$877/month**	-$577 discount $1,730 less cap = **$300/month**
80% J $30	$2,120 less cap = **$690/month**	-$530 discount $1,590 less cap = **$160/month**
80% M $40	$1,732 less cap = **$302/month**	-$433 discount $1,299 less cap = **$131 rebate/month**
HSA $1700	$2,010 less cap = **$580/month**	-$503 discount $1,507 less cap = **$77/month**
HSA $5000	$1,457 less cap = **$27/month**	-$364 discount $1,093 less cap = **$337 rebate/month**
MEC $9000	$1,378 less cap = **$52 rebate/month**	-$345 discount $1,033 less cap = **$397 rebate/month**
2026-27 Kaiser Medical Plan		
Traditional HMO $30	$2,308 less cap = **$878/month**	-$577 discount $1,731 less cap = **$301/month**
2026-27 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**
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**