HUMAN RESOURCES
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2025-26 HEALTH INSURANCE PLANS – Cabinet, Superintendent
EMPLOYEE COST – Effective July 1, 2026 – September 30, 2026
***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

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 = **$689/month**	-$530 discount $1,589 less cap = **$159/month**
80% J $30	$1,925 less cap = **$495/month**	-$481 discount $1,444 less cap = **$14/month**
80% M $40	$1,573 less cap = **$143/month**	-$393 discount $1,180 less cap = **$250 rebate/month**
HSA $1700	$1,826 less cap = **$396/month**	-$457 discount $1,369 less cap = **$61 rebate/month**
HSA $5000	$1,305 less cap = **$125 rebate/month**	-$326 discount $979 less cap = **$451 rebate/month**
MEC $9000	$1,234 less cap = **$196 rebate/month**	-$309 discount $925 less cap = **$505 rebate/month**
2025-26 Kaiser Medical Plan		
Traditional HMO $30	$2,083 less cap = **$653/month**	-$521 discount $1,562 less cap = **$132/month**
2025-26 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**
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**