



2025-26 HEALTH INSURANCE PLANS – CSEA 436

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: \$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% J \$30	\$1,989 less cap = \$689/month	-\$497 discount \$1,492 less cap = \$192/month
80% L \$30	\$1,807 less cap = \$507/month	-\$452 discount \$1,355 less cap = \$55/month
80% M \$40	\$1,622 less cap = \$322/month	-\$406 discount \$1,216 less cap = \$84 rebate/month
HSA \$1700	\$1,884 less cap = \$584/month	-\$471 discount \$1,413 less cap = \$113/month
HSA \$5000	\$1,343 less cap = \$43/month	-\$336 discount \$1,007 less cap = \$293 rebate/month
MEC \$9000	\$1,270 less cap = \$30 rebate/month	-\$318 discount \$952 less cap = \$348 rebate/month

2025-26 Kaiser Medical Plan

HSA B \$3400	\$1,530 less cap = \$230/month	-\$383 discount \$1,147 less cap = \$153 rebate/month
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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