



**2026-27 HEALTH INSURANCE PLANS – Cabinet, Superintendent  
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**

| <b>Plan Description</b> | <b>Employee Monthly Cost</b>                   | <b>Both Spouses Enrolled in SISC Coverage<br/>25% premium discount</b> |
|-------------------------|------------------------------------------------|------------------------------------------------------------------------|
| 80% G \$30              | \$2,307 less cap =<br><b>\$877/month</b>       | -\$577 discount<br>\$1,730 less cap = <b>\$300/month</b>               |
| 80% J \$30              | \$2,120 less cap =<br><b>\$690/month</b>       | -\$530 discount<br>\$1,590 less cap = <b>\$160/month</b>               |
| 80% M \$40              | \$1,732 less cap =<br><b>\$302/month</b>       | -\$433 discount<br>\$1,299 less cap = <b>\$131 rebate/month</b>        |
| HSA \$1700              | \$2,010 less cap =<br><b>\$580/month</b>       | -\$503 discount<br>\$1,507 less cap = <b>\$77/month</b>                |
| HSA \$5000              | \$1,457 less cap =<br><b>\$27/month</b>        | -\$364 discount<br>\$1,093 less cap = <b>\$337 rebate/month</b>        |
| MEC \$9000              | \$1,378 less cap =<br><b>\$52 rebate/month</b> | -\$345 discount<br>\$1,033 less cap = <b>\$397 rebate/month</b>        |

**2026-27 Kaiser Medical Plan**

|                      |                                          |                                                          |
|----------------------|------------------------------------------|----------------------------------------------------------|
| Traditional HMO \$30 | \$2,308 less cap =<br><b>\$878/month</b> | -\$577 discount<br>\$1,731 less cap = <b>\$301/month</b> |
|----------------------|------------------------------------------|----------------------------------------------------------|

**2026-27 Delta Dental Plans**

|                              |                                          |
|------------------------------|------------------------------------------|
| PPO Plan 1 - No Ortho        | \$69 less cap = <b>\$26 rebate/month</b> |
| PPO Plan 8 – No Ortho        | \$115 less cap = <b>\$20/month</b>       |
| PPO Plan 10 – Includes Ortho | \$124 less cap = <b>\$29/month</b>       |
| PPO Plan 12 - Includes Ortho | \$145 less cap = <b>\$50/month</b>       |

**2026-27 Vision Plans**

|                                                            |                                                 |
|------------------------------------------------------------|-------------------------------------------------|
| Plan 4 - \$10 Copay - Frames – 1 per 24 months             | \$19 total premium less cap = <b>\$0/month</b>  |
| Plan 4X - \$10 Copay w/Contacts - Frames – 1 per 24 months | \$32 total premium less cap = <b>\$13/month</b> |
| Plan 8 - \$10 Copay - Frames – 1 per 12 months             | \$29 total premium less cap = <b>\$10/month</b> |
| Plan 8X - \$0 Copay w/Contacts - Frames – 1 per 12 months  | \$42 total premium less cap = <b>\$23/month</b> |