CALIFORNIA'S VALUED TRUST
CERTIFICATED MONTHLY COMPOSITE RATES
EFFECTIVE OCT 1, 2025 - SEP 30, 2026

	MEDICAL MONTHLY PREMIUM		DENTAL MONTHLY PREMIUM		VISION MONTHLY PREMIUM		TOTAL MONTHLY PREMIUMS		DISTRICT MONTHLY CONTRIBUTION		(185 days) 11AR PAY EMPLOYEE MONTHLY COST
Anthem PPO 3, Rx B	2800.00	+	89.61	+	16.99	=	2906.6	-	1166.67	=	**1898.11**
Anthem PPO 7, Rx B	2465.00	+	89.61	+	16.99	=	2571.6	-	1166.67	=	**1532.65**
Anthem PPO 9, Rx B	2023.00	+	89.61	+	16.99	=	2129.6	-	1166.67	=	**1050.47**
Anthem PPO Wellness, Rx C	2510.00	+	89.61	+	16.99	=	2616.6	-	1166.67	=	**1581.74**
Anthem HDHP2 ***(HSA eligible)***	1523.00	+	89.61	+	16.99	=	1629.6	-	1166.67	=	**505.01**
Anthem HDHP3 ***(HSA eligible)***	1279.00	+	89.61	+	16.99	=	1385.6	-	1166.67	=	**238.83**
Anthem PPO Bronze	1387.00	+	89.61	+	16.99	=	1493.6	-	1166.67	=	**356.65**

CALIFORNIA'S VALUED TRUST
CERTIFICATED MONTHLY COMPOSITE RATES
EFFECTIVE OCT 1, 2025 - SEP 30, 2026

	MEDICAL MONTHLY PREMIUM		DENTAL MONTHLY PREMIUM		VISION MONTHLY PREMIUM		TOTAL MONTHLY PREMIUMS		DISTRICT MONTHLY CONTRIBUTION		(189-195 days) 12 PAY EMPLOYEE MONTHLY COST
Anthem PPO 3, Rx B	2800.00	+	89.61	+	16.99	=	2906.6	-	1166.67	=	**1739.93**
Anthem PPO 7, Rx B	2465.00	+	89.61	+	16.99	=	2571.6	-	1166.67	=	**1404.93**
Anthem PPO 9, Rx B	2023.00	+	89.61	+	16.99	=	2129.6	-	1166.67	=	**962.93**
Anthem PPO Wellness, Rx C	2510.00	+	89.61	+	16.99	=	2616.6	-	1166.67	=	**1449.93**
Anthem HDHP2 ***(HSA eligible)***	1523.00	+	89.61	+	16.99	=	1629.6	-	1166.67	=	**462.93**
Anthem HDHP3 ***(HSA eligible)***	1279.00	+	89.61	+	16.99	=	1385.6	-	1166.67	=	**218.93**
Anthem PPO Bronze	1387.00	+	89.61	+	16.99	=	1493.6	-	1166.67	=	**326.93**