

CalPERS Health Insurance Premiums 12MO
Rates are effective January 1 through December 31.

2025	January-December			2026	January-December		
	Employee Single	Employee Plus One 2-Party	Employee + Two or More Family		Employee Single	Employee Plus One 2-Party	Employee + Two or More Family
Anthem Blue Cross Traditional HMO	Code 5091 Rate \$1,500.40	5092 \$3,000.80	5093 \$3,901.04	Anthem Blue Cross Traditional HMO	Code 5091 Rate \$1,612.08	5092 \$3,224.16	5093 \$4,191.41
Blue Shield Access+ HMO	Code 5251 Rate \$1,170.17	5252 \$2,340.34	5253 \$3,042.44	Blue Shield Access+ HMO	Code 5251 Rate \$1,301.95	5252 \$2,603.90	5253 \$3,385.07
Kaiser HMO	Code 5331 Rate \$1,112.90	5332 \$2,225.80	5333 \$2,893.54	Kaiser HMO	Code 5331 Rate \$1,168.86	5332 \$2,337.72	5333 \$3,039.04
PERS Gold PPO (Administered by Blue Shield)	Code 6131 Rate \$1,013.70	6132 \$2,027.40	6133 \$2,635.62	PERS Gold PPO (Administered by Blue Shield)	Code 6131 Rate \$1,120.58	6132 \$2,241.16	6133 \$2,913.51
PERS Platinum PPO (Administered by Blue Shield)	Code 6011 Rate \$1,476.10	6012 \$2,952.20	6013 \$3,837.86	PERS Platinum PPO (Administered by Blue Shield)	Code 6011 Rate \$1,670.14	6012 \$3,340.28	6013 \$4,342.36
United Healthcare Signature Value Alliance	Code 5761 Rate \$1,184.58	5762 \$2,369.16	5763 \$3,079.91	United Healthcare Signature Value Alliance	Code 5761 Rate \$1,290.06	5762 \$2,580.12	5763 \$3,354.16

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*Delta Dental PPO - GRP#15997 12MO	2025	2026	VSP-Vision - GRP#12135474 12MO	2025	2026
Single - Employee	\$60.89	\$70.39	Single - Employee	\$8.07	\$8.61
2-Party - Employee + One	\$123.48	\$142.75	2-Party - Employee + One	\$16.95	\$18.07
Family - Employee + 2 or More	\$183.50	\$212.14	Family - Employee + 2 or More	\$25.02	\$26.68

District Supplemental Monthly Contribution & CashBack (Prorated per FTE)(4hrs or more)		2025	2026
2025-Active Full-Time Employee Jul-Nov	\$1,188.52	CERT CB amount max per month (-) Mandatory Deductions*	\$1,030.52
2026-Active Full-Time Employee Dec-Jun	\$1,254.52	CLAS CB amount max per month (-) Mandatory Deductions*	\$1,188.52

NOTE * Deductions premiums for; 10 & 11 MO employees CashBack/Cash in Lieu, health, dental, vision, and life insurance deductions will be divided in 11 payroll cycles to cover 12 MO of coverage for the 25-26 school year.

Life Insurance			
*Hartford - Classified 4 hours per day/20 hours per week must enroll in life insurance. 12 MO			
Basic*	\$3.44	Supplemental	\$10.40
		Dependents	one two three
			\$0.78 \$1.56 \$2.34
*Standard Life - Certificated 50% or more must enroll in life insurance. 10 MO			
Basic*	\$6.66	Supplemental	\$7.20
		Family Benefit	\$1.20

Guardian Disability (Classified 6 hours per day or more) 12 MO		
District paid \$0.24 per \$100 annual salary	\$8.00	Maximum
*Disability insurance for Certificated Staff is available through Standard or American Fidelity.		

Union Dues			
CSEA (California School Emp. Association) 10MO	CTA (California Teachers Association) 10MO	2025-26	
	1 Greater than 60%		\$118.20
	2A Greater than 33%, not over 50%		\$61.25
Lower of 1.5% of monthly or	2B Greater than 50%, not over 60%		\$71.05
CSEA Chapter Dues	3A 25% or less		\$35.43
	3B Greater than 25%, not over 33%		\$40.30