

**CALIFORNIA'S VALUED TRUST
 CERTIFICATED MONTHLY COMPOSITE RATES
 EFFECTIVE JUL 1, 2026 - 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	1333.33	1716.29
Anthem PPO 7, Rx B	2465.00	89.61	16.99	2571.6	1333.33	1350.84
Anthem PPO 9, Rx B	2023.00	89.61	16.99	2129.6	1333.33	868.66
Anthem PPO Wellness, Rx C	2510.00	89.61	16.99	2616.6	1333.33	1399.93
Anthem HDHP2 (HSA eligible)	1523.00	89.61	16.99	1629.6	1333.33	323.20
Anthem HDHP3 (HSA eligible)	1279.00	89.61	16.99	1385.6	1333.33	57.02
Anthem PPO Bronze	1387.00	89.61	16.99	1493.6	1333.33	174.84

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	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	1333.33	1573.27
Anthem PPO 7, Rx B	2465.00	89.61	16.99	2571.6	1333.33	1238.27
Anthem PPO 9, Rx B	2023.00	89.61	16.99	2129.6	1333.33	796.27
Anthem PPO Wellness, Rx C	2510.00	89.61	16.99	2616.6	1333.33	1283.27
Anthem HDHP2 (HSA eligible)	1523.00	89.61	16.99	1629.6	1333.33	296.27
Anthem HDHP3 (HSA eligible)	1279.00	89.61	16.99	1385.6	1333.33	52.27
Anthem PPO Bronze	1387.00	89.61	16.99	1493.6	1333.33	160.27