

FY 2026-27

Medical Rates

For Active Employees



(11 month employees will pay rates costing about 9% more per month)

For Current Employees living or working within the Kaiser, Sutter Health Plus or WHA service areas.

	SIG Code	Employee Only	Employee + Spouse Employee + Domestic Partner	Employee + Child(ren)	Employee + Family
Kaiser Permanente		EE	ES / EDP	ECH	FAM
Traditional HMO	KPHMO	\$1,272	\$2,543	\$1,933	\$2,988
1000 DHMO	KPDHMO	\$1,163	\$2,326	\$1,768	\$2,733
2000 HDHP HMO 3000	KPMID	\$922	\$1,844	\$1,402	\$2,167
HDHP HMO	KPHDP	\$790	\$1,580	\$1,201	\$1,857
Sutter Health Plan (includes portions of Nevada County)		EE	ES / EDP	ECH	FAM
Traditional HMO	SHHMO	\$1,265	\$2,529	\$1,921	\$2,972
1000 DHMO	SHDHMO	\$1,011	\$2,022	\$1,536	\$2,376
1750 HDHP HMO	SHMID	\$944	\$1,887	\$1,433	\$2,216
2500 HDHP HMO	SHHDP	\$836	\$1,671	\$1,269	\$1,962
Western Health Advantage		EE	ES / EDP	ECH	FAM
Traditional HMO	WHHMO	\$1,010	\$2,020	\$1,536	\$2,374
1000 DHMO	WHDHMO	\$777	\$1,554	\$1,181	\$1,826
1800 HDHP HMO	WHMID	\$738	\$1,475	\$1,121	\$1,733
2800 HDHP HMO	WHHDP	\$640	\$1,280	\$973	\$1,504



FY 2026-27 Blue Shield Medical Rates Nevada County & Outlying Areas

For Active Employees

For Current Employees living or working outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas.

Blue Shield of California	SIG Code	Employee Only	Employee + Spouse Employee + Domestic Partner	Employee + Child(ren)	Employee + Family
		EE	ES / EDP	ECH	FAM
TRIO HMO	BSHMO	\$1,653	\$3,305	\$2,528	\$3,883
2700 HDHP PPO	BSMID	\$1,308	\$2,620	\$2,004	\$3,079
4400 HDHP PPO	BSHDP	\$1,182	\$2,363	\$1,808	\$2,777

Above rates are valid 7/1/26 - 6/30/27

For Retired Employees Under 65

For Retirees living outside the Kaiser, Sutter Health Plus and Western Health Advantage service areas.

Blue Shield of California	SIG Code	Retiree Only	Employee + Spouse Employee + Domestic Partner	Retiree + Child(ren)	Retiree + Family
		RE	RS / RDP	RCH	RFAM
TRIO HMO	BSHMO	\$2,067	\$4,133	\$3,162	\$4,856
2700 HDHP PPO	BSMID	\$1,635	\$3,275	\$2,505	\$3,849
4400 HDHP PPO	BSHDP	\$1,477	\$2,954	\$2,260	\$3,471



FY 2026-27 Medical Rates

For Retirees Under 65

For Retirees U65 living within the Kaiser, Sutter Health Plus or WHA service areas.

	SIG Code	Retiree Only	Employee + Spouse Employee + Domestic Partner	Retiree + Child(ren)	Retiree + Family
Kaiser Permanente		RE	RS / RDP	RCH	RFAM
Traditional HMO	KPHMO	\$1,589	\$3,178	\$2,415	\$3,734
1000 DHMO	KPDHMO	\$1,454	\$2,907	\$2,209	\$3,415
2000 HDHP HMO 3000	KPMID	\$1,153	\$2,305	\$1,752	\$2,708
HDHP HMO	KPHDP	\$988	\$1,975	\$1,501	\$2,321
Sutter Health Plan (includes portions of Nevada County)		RE	RS / RDP	RCH	RFAM
Traditional HMO	SHHMO	\$1,580	\$3,159	\$2,401	\$3,712
1000 DHMO	SHDHMO	\$1,244	\$2,487	\$1,890	\$2,922
1750 HDHP HMO	SHMID	\$1,179	\$2,357	\$1,791	\$2,769
2500 HDHP HMO	SHHDP	\$1,045	\$2,089	\$1,588	\$2,454
Western Health Advantage		RE	RS / RDP	RCH	RFAM
Traditional HMO	WHHMO	\$1,263	\$2,525	\$1,919	\$2,967
1000 DHMO	WHDHMO	\$964	\$1,928	\$1,466	\$2,266
1800 HDHP HMO	WHMID	\$922	\$1,843	\$1,401	\$2,165
2800 HDHP HMO	WHHDP	\$800	\$1,599	\$1,215	\$1,879

Sutter Health Plus & Western Health Advantage HMOs are available to residents of Sacramento, Yolo & Solano Counties and portions of Nevada, Placer, and El Dorado Counties as well as some additional Northern California Counties. Please contact SIG for a complete zip code list.

Above rates are valid 7/1/26 - 6/30/27



FY 2026-27
Kaiser Medical Rates
Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65	Retiree + Spouse one O65 & one U65	Retiree + Child(ren)	Retiree + Spouse one O65 one U65 + Child(ren)
Kaiser Permanente		MRE	MRMS	MRERS REMS	MRCH	MRFAM REMSFAM
Traditional HMO KPSA	KPHMO	\$324	\$647	\$1,912	\$1,150	\$2,468
2000 HDHP HMO KPSA 3000	KPMID			\$1,474	\$921	\$1,877
HDHP HMO KPSA	KPHDP			\$1,309	\$835	\$1,655

Kaiser Senior Advantage is available to residents of Sacramento County and portions of Placer County as well as other metropolitan California Counties. Please contact SIG for a complete zip code list.

Above rates are valid 7/1/26 - 6/30/27

Approved 03/25/26

CY 2026
Alignment Health Medical Rates
Retirees Over 65 w/Medicare A & B

	SIG Code	Retiree Only	Retiree + Spouse O65	Retiree + Spouse or Child, one O65, one U65
Alignment Health		MRE	MRMS	
Medicare Advantage PPO & Rx	AHMAP	\$365	\$730	<i>Add appropriate U65 rate from SHP, WHA or Blue Shield</i>

The Alignment Health plan service area includes all 50 United States, DC and US territories.

Above rates are valid 1/1/26 - 12/31/26

Approved 10/15/25



FY 2026-27

Dental, Vision & Life Insurance Rates

For Active & Retired Employees

Delta Dental Plans			Districts with Tiered Dental Rates			
SIG Code	Composite Rate	Subscriber Only	Sub + Spouse	Sub + Child(ren)	Sub + Family	
Dental II w/o ortho \$2,000 Max	DEL2B	\$112.50	\$62.50	\$125.00	\$112.50	\$175.00
Personify Indemnity Dental			Districts with Tiered Dental Rates			
SIG Code	Composite Rate	Subscriber Only	Sub + Spouse	Sub + Child(ren)	Sub + Family	
Dental Indemnity w/50% ortho \$2,500 Max	PERID	\$150.00	\$72.00	\$144.00	\$179.00	\$217.00
Vision Service Plans			Districts with Subscriber Only Vision Coverage			
SIG Code	Composite Rate	Subscriber Only				
Plan B - \$0 deductible/frames 24 months	VSB00	\$9.10				
Life Insurance (Active Employees Only)			Waiver (Active Employees Only)			
SIG Code	Price Per \$1000	Waiver (Active Employees Only)				
Hartford Life & AD&D	HLIFE	\$225.00				
<i>Flat amounts available by district/bargaining group: \$20,000, \$30,000, \$40,000, \$50,000, \$65,000, \$70,000 & \$100,000</i>						