



**2025-26 HEALTH INSURANCE PLANS – Cabinet, Superintendent  
EMPLOYEE COST – Revised 10/1/25**

HUMAN RESOURCES  
530-532-5765  
Fax 530-532-5787

**\*Employee monthly cost based on 12-month assignment**

**BCOE Medical Cap Contribution: \$1,300.00**

**BCOE Dental Cap Contribution: \$95.00**

**BCOE Vision Cap Contribution: \$19.00**

**2025-26 Anthem Medical Plans**

<b>Plan Description</b>	<b>Employee Monthly Cost</b>	<b>Both Spouses Enrolled in SISC Coverage 25% premium discount</b>
80% G \$30	\$2,119 less cap = <b>\$819/month</b>	-\$530 discount \$1,589 less cap = <b>\$289/month</b>
80% J \$30	\$1,925 less cap = <b>\$625/month</b>	-\$481 discount \$1,444 less cap = <b>\$144/month</b>
80% M \$40	\$1,573 less cap = <b>\$273/month</b>	-\$393 discount \$1,180 less cap = <b>\$120 rebate/month</b>
HSA \$1700	\$1,826 less cap = <b>\$526/month</b>	-\$457 discount \$1,369 less cap = <b>\$69/month</b>
HSA \$5000	\$1,305 less cap = <b>\$5/month</b>	-\$326 discount \$979 less cap = <b>\$321 rebate/month</b>
MEC \$9000	\$1,234 less cap = <b>\$66 rebate/month</b>	-\$309 discount \$925 less cap = <b>\$348 rebate/month</b>

**2025-26 Kaiser Medical Plan**

HSA B \$3400	\$2,083 less cap = <b>\$783/month</b>	-\$521 discount \$1,562 less cap = <b>\$262/month</b>
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**2025-26 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>

**2025-26 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>