



2025-2026 Benefit Table

Benefit Type Medical **BLUE SHIELD GOLD HMO 2026**
Plan Name BLUE SHIELD BRONZE HMO ACCESS + 2026
Plan Effective 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$253.93	\$685.00
		Two-Party	\$431.07	\$936.93	\$1,368.00
		Family	\$431.07	\$1,347.93	\$1,779.00
Any	4	Single	\$646.60	\$38.40	\$685.00
		Two-Party	\$646.60	\$721.40	\$1,368.00
		Family	\$646.60	\$1,132.40	\$1,779.00
Any	5 or more	Single	\$685.00	\$0.00	\$685.00
		Two-Party	\$1,293.20	\$74.80	\$1,368.00
		Family	\$1,293.20	\$485.80	\$1,779.00

Benefit Type Medical
Plan Name BLUE SHIELD BRONZE HMO TRIO 2026
Plan Effective 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$150.93	\$582.00
		Two-Party	\$431.07	\$732.93	\$1,164.00
		Family	\$431.07	\$1,081.93	\$1,513.00
Any	4	Single	\$582.00	\$0.00	\$582.00
		Two-Party	\$646.60	\$517.40	\$1,164.00
		Family	\$646.60	\$866.40	\$1,513.00
Any	5 or more	Single	\$582.00	\$0.00	\$582.00
		Two-Party	\$1,164.00	\$0.00	\$1,164.00
		Family	\$1,293.20	\$219.80	\$1,513.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD HMO ACCESS + 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$390.93	\$822.00
		Two-Party	\$431.07	\$1,211.93	\$1,643.00
		Family	\$431.07	\$1,704.93	\$2,136.00
Any	4	Single	\$646.60	\$175.40	\$822.00
		Two-Party	\$646.60	\$996.40	\$1,643.00
		Family	\$646.60	\$1,489.40	\$2,136.00
Any	5 or more	Single	\$822.00	\$0.00	\$822.00
		Two-Party	\$1,293.20	\$349.80	\$1,643.00
		Family	\$1,293.20	\$842.80	\$2,136.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD HMO TRIO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$267.93	\$699.00
		Two-Party	\$431.07	\$964.93	\$1,396.00
		Family	\$431.07	\$1,384.93	\$1,816.00
Any	4	Single	\$646.60	\$52.40	\$699.00
		Two-Party	\$646.60	\$749.40	\$1,396.00
		Family	\$646.60	\$1,169.40	\$1,816.00
Any	5 or more	Single	\$699.00	\$0.00	\$699.00
		Two-Party	\$1,293.20	\$102.80	\$1,396.00
		Family	\$1,293.20	\$522.80	\$1,816.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD PPO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$834.93	\$1,266.00
		Two-Party	\$431.07	\$2,099.93	\$2,531.00
		Family	\$431.07	\$2,859.93	\$3,291.00
Any	4	Single	\$646.60	\$619.40	\$1,266.00
		Two-Party	\$646.60	\$1,884.40	\$2,531.00
		Family	\$646.60	\$2,644.40	\$3,291.00
Any	5 or more	Single	\$1,266.00	\$0.00	\$1,266.00
		Two-Party	\$1,293.20	\$1,237.80	\$2,531.00
		Family	\$1,293.20	\$1,997.80	\$3,291.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD PPO TANDEM 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$758.93	\$1,190.00
		Two-Party	\$431.07	\$1,947.93	\$2,379.00
		Family	\$431.07	\$2,661.93	\$3,093.00
Any	4	Single	\$646.60	\$543.40	\$1,190.00
		Two-Party	\$646.60	\$1,732.40	\$2,379.00
		Family	\$646.60	\$2,446.40	\$3,093.00
Any	5 or more	Single	\$1,190.00	\$0.00	\$1,190.00
		Two-Party	\$1,293.20	\$1,085.80	\$2,379.00
		Family	\$1,293.20	\$1,799.80	\$3,093.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PLATINUM HMO ACCESS + 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$440.93	\$872.00
		Two-Party	\$431.07	\$1,312.93	\$1,744.00
		Family	\$431.07	\$1,836.93	\$2,268.00
Any	4	Single	\$646.60	\$225.40	\$872.00
		Two-Party	\$646.60	\$1,097.40	\$1,744.00
		Family	\$646.60	\$1,621.40	\$2,268.00
Any	5 or more	Single	\$872.00	\$0.00	\$872.00
		Two-Part	\$1,293.20	\$450.80	\$1,744.00
		Family	\$1,293.20	\$974.80	\$2,268.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PLATINUM HMO TRIO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$309.93	\$741.00
		Two-Party	\$431.07	\$1,051.93	\$1,483.00
		Family	\$431.07	\$1,496.93	\$1,928.00
Any	4	Single	\$646.60	\$94.40	\$741.00
		Two-Party	\$646.60	\$836.40	\$1,483.00
		Family	\$646.60	\$1,281.40	\$1,928.00
Any	5 or more	Single	\$741.00	\$0.00	\$741.00
		Two-Party	\$1,293.20	\$189.80	\$1,483.00
		Family	\$1,293.20	\$634.80	\$1,928.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER BRONZE PPO TANDEM 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$400.93	\$832.00
		Two-Party	\$431.07	\$1,234.93	\$1,666.00
		Family	\$431.07	\$1,733.93	\$2,165.00
Any	4	Single	\$646.60	\$185.40	\$832.00
		Two-Party	\$646.60	\$1,019.40	\$1,666.00
		Family	\$646.60	\$1,518.40	\$2,165.00
Any	5 or more	Single	\$832.00	\$0.00	\$832.00
		Two-Party	\$1,293.20	\$372.80	\$1,666.00
		Family	\$1,293.20	\$871.80	\$2,165.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER BRONZE PPO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$454.93	\$886.00
		Two-Party	\$431.07	\$1,340.93	\$1,772.00
		Family	\$431.07	\$1,871.93	\$2,303.00
Any	4	Single	\$646.60	\$239.40	\$886.00
		Two-Party	\$646.60	\$1,125.40	\$1,772.00
		Family	\$646.60	\$1,656.40	\$2,303.00
Any	5 or more	Single	\$886.00	\$0.00	\$886.00
		Two-Party	\$1,293.20	\$478.80	\$1,772.00
		Family	\$1,293.20	\$1,009.80	\$2,303.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER SILVER ALTERNATE HSA 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$521.93	\$953.00
		Two-Party	\$431.07	\$1,475.93	\$1,907.00
		Family	\$431.07	\$2,047.93	\$2,479.00
Any	4	Single	\$646.60	\$306.40	\$953.00
		Two-Party	\$646.60	\$1,260.40	\$1,907.00
		Family	\$646.60	\$1,832.40	\$2,479.00
Any	5 or more	Single	\$953.00	\$0.00	\$953.00
		Two-Party	\$1,293.20	\$613.80	\$1,907.00
		Family	\$1,293.20	\$1,185.80	\$2,479.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER SILVER ALTERNATE HSA TANDEM 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$465.93	\$897.00
		Two-Party	\$431.07	\$1,360.93	\$1,792.00
		Family	\$431.07	\$1,898.93	\$2,330.00
Any	4	Single	\$646.60	\$250.40	\$897.00
		Two-Party	\$646.60	\$1,145.40	\$1,792.00
		Family	\$646.60	\$1,683.40	\$2,330.00
Any	5 or more	Single	\$431.07	\$1,360.93	\$1,792.00
		Two-Party	\$431.07	\$1,898.93	\$2,330.00
		Family	\$646.60	\$250.40	\$897.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER HMO ACCESS + 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$325.93	\$757.00
		Two-Party	\$431.07	\$1,082.93	\$1,514.00
		Family	\$431.07	\$1,537.93	\$1,969.00
Any	4	Single	\$646.60	\$110.40	\$757.00
		Two-Party	\$646.60	\$867.40	\$1,514.00
		Family	\$646.60	\$1,322.40	\$1,969.00
Any	5 or more	Single	\$757.00	\$0.00	\$757.00
		Two-Party	\$1,293.20	\$220.80	\$1,514.00
		Family	\$1,293.20	\$675.80	\$1,969.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER HMO TRIO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$212.93	\$644.00
		Two-Party	\$431.07	\$855.93	\$1,287.00
		Family	\$431.07	\$1,241.93	\$1,673.00
Any	4	Single	\$644.00	\$0.00	\$644.00
		Two-Party	\$646.60	\$640.40	\$1,287.00
		Family	\$646.60	\$1,026.40	\$1,673.00
Any	5 or more	Single	\$644.00	\$0.00	\$644.00
		Two-Party	\$1,287.00	\$0.00	\$1,287.00
		Family	\$1,293.20	\$379.80	\$1,673.00

Benefit Type
Plan Name
Plan Effective

Medical
BLUE SHIELD SILVER PPO 2026
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$170.93	\$602.00
		Two-Party	\$431.07	\$771.93	\$1,203.00
		Family	\$431.07	\$1,132.93	\$1,564.00
Any	4	Single	\$584.28	\$17.72	\$602.00
		Two-Party	\$646.60	\$556.40	\$1,203.00
		Family	\$646.60	\$917.40	\$1,564.00
Any	5 or more	Single	\$568.59	\$33.41	\$602.00
		Two-Party	\$1,168.59	\$34.41	\$1,203.00
		Family	\$1,293.20	\$270.80	\$1,564.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER PPO 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$681.93	\$1,113.00
		Two-Party	\$431.07	\$1,792.93	\$2,224.00
		Family	\$431.07	\$2,460.93	\$2,892.00
Any	4	Single	\$646.60	\$466.40	\$1,113.00
		Two-Party	\$646.60	\$1,577.40	\$2,224.00
		Family	\$646.60	\$2,245.40	\$2,892.00
Any	5 or more	Single	\$1,113.00	\$0.00	\$1,113.00
		Two-Party	\$1,293.20	\$930.80	\$2,224.00
		Family	\$1,293.20	\$1,598.80	\$2,892.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER PPO TANDEM 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$613.93	\$1,045.00
		Two-Party	\$431.07	\$1,659.93	\$2,091.00
		Family	\$431.07	\$2,287.93	\$2,719.00
Any	4	Single	\$646.60	\$398.40	\$1,045.00
		Two-Party	\$646.60	\$1,444.40	\$2,091.00
		Family	\$646.60	\$2,072.40	\$2,719.00
Any	5 or more	Single	\$1,045.00	\$0.00	\$1,045.00
		Two-Party	\$1,293.20	\$797.80	\$2,091.00
		Family	\$1,293.20	\$1,425.80	\$2,719.00

Benefit Type
Plan Name
Plan Effective

Medical
 KAISER BRONZE 2 2026
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$182.52	\$613.59
		Two-Party	\$431.07	\$780.82	\$1,211.89
		Family	\$431.07	\$1,139.80	\$1,570.87
Any	4	Single	\$613.59	\$0.00	\$613.59
		Two-Party	\$646.60	\$565.29	\$1,211.89
		Family	\$646.60	\$924.27	\$1,570.87
Any	5 or more	Single	\$613.59	\$0.00	\$613.59
		Two-Party	\$1,211.89	\$0.00	\$1,211.89
		Family	\$1,293.20	\$277.67	\$1,570.87

Benefit Type
Plan Name
Plan Effective

Medical
KAISER BRONZE 2026
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$287.77	\$718.84
		Two-Party	\$431.07	\$991.32	\$1,422.39
		Family	\$431.07	\$1,413.45	\$1,844.52
Any	4	Single	\$646.60	\$72.24	\$718.84
		Two-Party	\$646.60	\$775.79	\$1,422.39
		Family	\$646.60	\$1,197.92	\$1,844.52
Any	5 or more	Single	\$718.84	\$0.00	\$718.84
		Two-Party	\$1,293.20	\$129.19	\$1,422.39
		Family	\$1,293.20	\$551.32	\$1,844.52

Benefit Type
Plan Name
Plan Effective

Medical
KAISER GOLD 2026
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$424.76	\$855.83
		Two-Party	\$431.07	\$1,265.30	\$1,696.37
		Family	\$431.07	\$1,769.62	\$2,200.69
Any	4	Single	\$646.60	\$209.23	\$855.83
		Two-Party	\$646.60	\$1,049.77	\$1,696.37
		Family	\$646.60	\$1,554.09	\$2,200.69
Any	5 or more	Single	\$855.83	\$0.00	\$855.83
		Two-Party	\$1,293.20	\$403.17	\$1,696.37
		Family	\$1,293.20	\$907.49	\$2,200.69

Benefit Type
Plan Name
Plan Effective

Medical
KAISER PLATINUM 2026
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$512.91	\$943.98
		Two-Party	\$431.07	\$1,441.60	\$1,872.67
		Family	\$431.07	\$1,998.81	\$2,429.88
Any	4	Single	\$646.60	\$297.38	\$943.98
		Two-Party	\$646.60	\$1,226.07	\$1,872.67
		Family	\$646.60	\$1,783.28	\$2,429.88
Any	5 or more	Single	\$943.98	\$0.00	\$943.98
		Two-Party	\$1,293.20	\$579.47	\$1,872.67
		Family	\$1,293.20	\$1,136.68	\$2,429.88

Benefit Type
Plan Name
Plan Effective

Medical
KAISER SILVER 2026
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$349.40	\$780.47
		Two-Party	\$431.07	\$1,114.58	\$1,545.65
		Family	\$431.07	\$1,573.68	\$2,004.75
Any	4	Single	\$646.60	\$133.87	\$780.47
		Two-Party	\$646.60	\$899.05	\$1,545.65
		Family	\$646.60	\$1,358.15	\$2,004.75
Any	5 or more	Single	\$780.47	\$0.00	\$780.47
		Two-Party	\$1,293.20	\$252.45	\$1,545.65
		Family	\$1,293.20	\$711.55	\$2,004.75

Benefit Type
Plan Name
Plan Effective

Dental
2025 - 2026 Dental PPO
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$49.21	\$62.59	\$111.80
		Two-Party	\$49.21	\$62.59	\$111.80
		Family	\$49.21	\$62.59	\$111.80
Any	4	Single	\$55.37	\$56.43	\$111.80
		Two-Party	\$55.37	\$56.43	\$111.80
		Family	\$55.37	\$56.43	\$111.80
Any	5 or more	Single	\$110.73	\$1.07	\$111.80
		Two-Party	\$110.73	\$1.07	\$111.80
		Family	\$110.73	\$1.07	\$111.80

Benefit Type
Plan Name
Plan Effective

Vision
2024 - 2025 Vision Plan
10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$3.73	\$11.87	\$15.60
		Two-Party	\$3.73	\$11.87	\$15.60
		Family	\$3.73	\$11.87	\$15.60
Any	4	Single	\$4.19	\$11.41	\$15.60
		Two-Party	\$4.19	\$11.41	\$15.60
		Family	\$4.19	\$11.41	\$15.60
Any	5 or more	Single	\$8.38	\$7.22	\$15.60
		Two-Party	\$8.38	\$7.22	\$15.60
		Family	\$8.38	\$7.22	\$15.60

Benefit Type
Plan Name
Plan Effective

Hearing
 Epic Hearing 2025
 10/01/2025 - 06/30/2026

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Single	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Plan Effective

Life
 2025 - 2026 Basic Life
 10/01/2025 - 06/30/2026

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	Under 3	\$50,000	\$4.17	\$7.08	\$8.44
		\$100,000	\$3.13	\$13.75	\$16.88
Any	4-3	\$50,000	\$8.35	\$2.91	\$8.44
		\$100,000	\$8.35	\$10.62	\$16.88
Any	5 or more (Full)	\$50,000	\$8.44	\$0.00	\$8.44
		\$100,000	\$8.44	\$8.44	\$16.88
Superintendent	Any	\$50,000	\$8.44	\$0.00	\$8.44
		\$100,000	\$16.88	\$0.00	\$16.88

Benefit Type
Plan Name
Plan Effective

Employee Assistance Program
 2024 - 2025 Employee Assistance Program
 10/01/2025 - 06/30/2026

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Single	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Plan Effective

General Purpose Benefit
2024 - 2025 Go365 Wellness
10/01/2025 - 06/30/2026

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Employee Only	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Plan Effective

General Purpose Benefit
CSEBA Wellness 2025
10/01/2025 - 06/30/2026

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Employee Only	\$0.00	\$0.00	\$0.00