



Summary of Premium Costs and Contributions for Health & Welfare Benefits

Effective Jul 1, 2025 - June 30, 2026

Health & Welfare Benefit Plan	Grp	Tier	Total Monthly Premium (12)	Total Annual Premium	AFT & MGT Employee Tenthly Contribution*	AFT & MGT Employee Annual Contribution*	District Annual Contribution to AFT & MGT Premiums*	CCFA Employee Tenthly Contribution**	CCFA Employee Annual Contribution**	District Annual Contribution to CCFA Premiums**
MEDICAL										
Anthem Blue Cross PPO (with MH/SA)	All	Employee	\$ 1,643.43	\$ 19,721.16	\$ 78.88	\$ 788.80	\$ 18,932.36	\$ 49.66	\$ 496.60	\$ 19,224.56
\$350/\$1050 deductible/\$20 office visit co-pay/\$100 ER co-pay; drugs-retail:30 days: \$15/\$25/\$35 co-pay mail order: 90 days: \$15/\$50/\$70 co-pay		Employee + 1	\$ 2,769.43	\$ 33,233.16	\$ 199.40	\$ 1,994.00	\$ 31,239.16	\$ 125.52	\$ 1,255.20	\$ 31,977.96
		Family	\$ 2,976.85	\$ 35,722.20	\$ 285.78	\$ 2,857.80	\$ 32,864.40	\$ 179.93	\$ 1,799.30	\$ 33,922.90
Anthem Blue Cross HMO (with MH/SA)	All	Employee	\$ 985.57	\$ 11,826.84	\$ 47.31	\$ 473.10	\$ 11,353.74	\$ 27.33	\$ 273.30	\$ 11,553.54
PCP/Specialist by referral /\$20 office visit co-pay/\$100 ER co-pay; drugs-retail: 30 days: \$15/\$25/\$35 co-pay mail order: 90 days: \$15/\$50/\$70 co-pay		Employee + 1	\$ 1,971.17	\$ 23,654.04	\$ 141.92	\$ 1,419.20	\$ 22,234.84	\$ 81.99	\$ 819.90	\$ 22,834.14
		Family	\$ 2,808.83	\$ 33,705.96	\$ 269.65	\$ 2,696.50	\$ 31,009.46	\$ 155.78	\$ 1,557.80	\$ 32,148.16
Kaiser Permanente (with MH/SA)	All	Employee	\$ 886.35	\$ 10,636.20	\$ 42.54	\$ 425.40	\$ 10,210.80	\$ 26.09	\$ 260.90	\$ 10,375.30
\$20 office visit co-pay/\$100 ER co-pay/PCP, Specialist by referral; drugs: \$15/\$15 co-pay up to 100 days		Employee + 1	\$ 1,772.71	\$ 21,272.52	\$ 127.64	\$ 1,276.40	\$ 19,996.12	\$ 78.27	\$ 782.70	\$ 20,489.82
		Family	\$ 2,508.38	\$ 30,100.56	\$ 240.80	\$ 2,408.00	\$ 27,692.56	\$ 147.66	\$ 1,476.60	\$ 28,623.96
EAP										
Anthem EAP	All	Employee	\$ 1.63	\$ 19.56	\$ 0.08	\$ 0.80	\$ 18.76	\$ 1.33	\$ 13.30	\$ 6.26
Employee Assistance Program		Employee + 1	\$ 1.63	\$ 19.56	\$ 0.12	\$ 1.20	\$ 18.36	\$ 2.00	\$ 20.00	\$ (0.44)
		Family	\$ 1.63	\$ 19.56	\$ 0.16	\$ 1.60	\$ 17.96	\$ 2.66	\$ 26.60	\$ (7.04)
DENTAL										
Delta Dental PPO (Excludes Orthodontia)	All	Employee	\$ 57.49	\$ 689.88	\$ 2.76	\$ 27.60	\$ 662.28	\$ 3.28	\$ 32.80	\$ 657.08
\$25/\$75 deductible/70% - 100% incentive plan \$2,200 in PPO network, \$2,000 out-of-network Orthodontia not covered		Employee + 1	\$ 97.73	\$ 1,172.76	\$ 7.04	\$ 70.40	\$ 1,102.36	\$ 8.38	\$ 83.80	\$ 1,088.96
		Family	\$ 149.42	\$ 1,793.04	\$ 14.34	\$ 143.40	\$ 1,649.64	\$ 17.08	\$ 170.80	\$ 1,622.24
Delta Dental HMO (DeltaCare)	All	Employee	\$ 28.18	\$ 338.16	\$ 1.35	\$ 13.50	\$ 324.66	\$ 1.27	\$ 12.70	\$ 325.46
Prepaid dental benefit; must use DHMO network Orthodontia: <age 19=\$1,300 co-pay; 19+=\$1,600 co-pay		Employee + 1	\$ 46.61	\$ 559.32	\$ 3.36	\$ 33.60	\$ 525.72	\$ 3.16	\$ 31.60	\$ 527.72
		Family	\$ 70.07	\$ 840.84	\$ 6.73	\$ 67.30	\$ 773.54	\$ 6.34	\$ 63.40	\$ 777.44
VISION										
VSP (Vision Service Plan)	All	Employee	\$ 6.31	\$ 75.72	\$ 0.30	\$ 3.00	\$ 72.72	\$ 0.38	\$ 3.80	\$ 71.92
\$10 co-pay, exam & lenses once per plan year frames every other plan year		Employee + 1	\$ 12.72	\$ 152.64	\$ 0.92	\$ 9.20	\$ 143.44	\$ 1.15	\$ 11.50	\$ 141.14
		Family	\$ 20.30	\$ 243.60	\$ 1.95	\$ 19.50	\$ 224.10	\$ 2.45	\$ 24.50	\$ 219.10
EMPLOYEE LIFE and AD&D INSURANCE										
<i>District Provided GTL is for Active Benefit Eligible Employees Only (no dependent coverage) and is not a part of the calculation of EE contributions</i>										
Anthem Blue Cross Life and AD&D combined with UNUM Life and AD&D	All		\$ 25,000.00	\$ 5.00	\$ 60.00		\$ 60.00			\$ 60.00
	All		\$ 75,000.00	\$ 15.00	\$ 180.00		\$ 180.00			\$ 180.00
District provided: \$100,000+add'l \$100,000 if death is accidental			\$ 100,000.00	\$ 20.00	\$ 240.00		\$ 240.00			\$ 240.00

#District is self-insured for the Dental PPO and VSP. Premium tiers are the maximum funding liability level per employee based on claims actuarial projection by Benefits Consultant.

Annual Premium Cost Per Employee Using Highest Cost Plans (BCPPO, EAP, DPPO & VSP)

Grp*	Tier	Tot. Prem. Cost	Tot. EE Cost	Tot Dist. Cost	Dist Cost w/Life
AFT & MGT	EE Only	\$ 20,506.32	\$ 820.20	\$ 19,686.12	\$ 19,926.12
	EE + 1	34,578.12	2,074.80	32,503.32	32,743.32
	Family	37,778.40	3,022.30	34,756.10	34,996.10

*AFT/MGT: EE contributions are 4%, 6% or 8% of prevailing rates. Effective Jan 1, 2021, Mental Health / Substance Abuse (MH/SA) services are based on the medical benefits of your selected carrier.

Grp**	Tier	Tot. Prem. Cost	Tot. EE Cost	Tot Dist. Cost	Dist Cost w/Life
CCFA	EE Only	20,506.32	546.50	19,959.82	20,199.82
	EE + 1	34,578.12	1,370.50	33,207.62	33,447.62
	Family	37,778.40	2,021.20	35,757.20	35,997.20

**CCFA: EE contributions are 4%, 6% or 8% of 2014/2015 rates.