

**Fringe Benefits Premium/Employee Contributions
Monthly Rates for CalPERS Medical Plans
12-Month Employees – Administrators
Paid Once a Month**

JANUARY 1, 2026 - DECEMBER 31, 2026

2026 DISTRICT CONTRIBUTION MONTHLY MAXIMUMS	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$930.00	\$1,500.00	\$1,800.00

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$1,431.81	\$2,863.32	\$3,722.71
DISTRICT CONTRIBUTION	\$930.00	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$501.81	\$1,363.32	\$1,922.71
PERS Gold (80/20)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$960.03	\$1,920.06	\$2,496.08
DISTRICT CONTRIBUTION	\$930.00	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$30.03	\$420.06	\$696.08

HMO PLANS

Kaiser			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$969.05	\$1,938.10	\$2,519.53
DISTRICT CONTRIBUTION	\$926.52	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$39.05	\$438.10	\$719.53
Blue Shield Access + HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$917.91	\$1,835.82	\$2,386.57
DISTRICT CONTRIBUTION	\$917.91	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$0.00	\$335.82	\$586.57

HMO PLANS (Continued)

Blue Shield Trio HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$852.56	\$1,705.12	\$2,216.66
DISTRICT CONTRIBUTION	\$852.56	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$0.00	\$205.12	\$416.66
Anthem HMO Select			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$962.68	\$1,925.36	\$2,502.97
DISTRICT CONTRIBUTION	\$930.00	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$32.68	\$425.36	\$702.97
Anthem HMO Traditional			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$1,128.53	\$2,257.06	\$2,934.18
DISTRICT CONTRIBUTION	\$930.00	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$198.53	\$757.06	\$1,134.18
Health Net Salud y Mas HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$740.11	\$1,480.22	\$1,924.29
DISTRICT CONTRIBUTION	\$740.11	\$1,480.22	\$1,800.00
EMPLOYEE DEDUCTION	\$0.00	\$0.00	\$124.29
UnitedHealthcare Alliance			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$870.76	\$1,741.52	\$2,263.98
DISTRICT CONTRIBUTION	\$870.76	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$0.00	\$241.52	\$463.98
UnitedHealthcare Harmony			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$765.51	\$1,531.02	\$1,990.33
DISTRICT CONTRIBUTION	\$765.51	\$1,500.00	\$1,800.00
EMPLOYEE DEDUCTION	\$0.00	\$31.02	\$190.33