

**Fringe Benefits Premium/Employee Contributions
Semi-Monthly Rates for CalPERS Medical Plans
Semi-Monthly 12-Month Employee Deductions
Paid on the 10th & 25th**

JANUARY 1, 2026 - DECEMBER 31, 2026

2026 DISTRICT CONTRIBUTION SEMI-MONTHLY MAXIMUMS	EMPLOYEE ONLY	TWO-PARTY	FAMILY
		\$465.00/\$465.00	\$750.00/\$750.00

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$715.90/\$715.91	\$1,431.66/\$1,431.66	\$1,861.35/\$1,861.36
DISTRICT CONTRIBUTION	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$250.90/\$250.91	\$681.66/\$681.66	\$961.35/\$961.36
PERS Gold (80/20)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$480.01/\$480.02	\$960.03/\$960.03	\$1,248.04/\$1,248.04
DISTRICT CONTRIBUTION	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$15.01/\$15.02	\$210.03/\$210.03	\$348.04/\$348.04

HMO PLANS

Kaiser			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$484.52/\$484.53	\$969.05/\$969.05	\$1,259.76/\$1,259.77
DISTRICT CONTRIBUTION	\$463.26/\$463.26	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$19.52/\$19.53	\$219.05/\$219.05	\$359.76/\$359.77
Blue Shield Access + HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$458.95/\$458.96	\$917.91/\$917.91	\$1,193.28/\$1,193.29
DISTRICT CONTRIBUTION	\$458.95/\$458.96	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$0.00/\$0.00	\$167.91/\$167.91	\$293.28/\$293.29

HMO PLANS (Continued)

Blue Shield Trio HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$426.28/\$426.28	\$852.56/\$852.56	\$1,108.33/\$1,108.33
DISTRICT CONTRIBUTION	\$426.28/\$426.28	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$0.00/\$0.00	\$102.56/\$102.56	\$208.33/\$208.33
Anthem HMO Select			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$481.34/\$481.34	\$962.68/\$962.68	\$1,251.48/\$1,251.49
DISTRICT CONTRIBUTION	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$16.34/\$16.34	\$212.68/\$212.68	\$351.48/\$351.49
Anthem HMO Traditional			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$564.26/\$564.27	\$1,128.53/\$1,128.53	\$1,467.09/\$1,467.09
DISTRICT CONTRIBUTION	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$99.26/\$99.27	\$378.53/\$378.53	\$567.09/\$567.09
Health Net Salud y Mas HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$370.05/\$370.06	\$740.11/\$740.11	\$962.14/\$962.15
DISTRICT CONTRIBUTION	\$370.05/\$370.06	\$740.11/\$740.11	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$0.00/\$0.00	\$0.00/\$0.00	\$62.14/\$62.15
UnitedHealthcare Alliance			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$435.38/\$435.38	\$870.76/\$870.76	\$1,131.99/\$1,131.99
DISTRICT CONTRIBUTION	\$435.38/\$435.38	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$0.00/\$0.00	\$120.76/\$120.76	\$231.99/\$231.99
UnitedHealthcare Harmony			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$382.75/\$382.76	\$765.51/\$765.51	\$995.16/\$995.17
DISTRICT CONTRIBUTION	\$382.75/\$382.76	\$750.00/\$750.00	\$900.00/\$900.00
EMPLOYEE DEDUCTION	\$0.00/\$0.00	\$15.51/\$15.51	\$95.16/\$95.17