

CERTIFICATED			ANNUAL COST OF TOTAL PREMIUMS	MONTHLY (ANNUAL COST DIVIDED BY 12)	12 MONTH PAY CYCLE Annual Cap \$12,250		MONTHLY (ANNUAL COST DIVIDED BY 11)	11 MONTH PAY CYCLE Annual Cap \$12,250		MONTHLY (ANNUAL COST DIVIDED BY 10)	10 MONTH PAY CYCLE Annual Cap \$12,250	
2025 - 2026 Plan Year MONTHLY PREMIUM BY NUMBER OF PAY CYCLES					100% CAP \$1,020.83	50% CAP \$510.42		100% CAP \$1,113.64	50% CAP \$556.82		100% CAP \$1,225.00	50% CAP \$612.50
(Proposed Premium Totals Include Medical, Dental Vision and Basic Life for all Packages)												
Medical Plan (Group #s)	DENTAL (Delta Dental OR Anthem)	Monthly Deductions										
1	ABC 90-C (\$1,000 Ded/\$20 OV/\$200/\$10-35 Rx)	Delta Dental Premier			\$ 25,115.40	\$ 2,092.95		\$ 1,072.12	\$ 1,582.53		\$ 2,283.22	\$ 1,169.58
		Delta Dental PPO	\$ 25,439.40	\$ 2,119.95	\$ 1,099.12	\$ 1,609.53	\$ 2,312.67	\$ 1,199.04	\$ 1,755.85	\$ 2,543.94	\$ 1,318.94	\$ 1,931.44
		Anthem Essential Choice	\$ 25,242.60	\$ 2,103.55	\$ 1,082.72	\$ 1,593.13	\$ 2,294.78	\$ 1,181.15	\$ 1,737.96	\$ 2,524.26	\$ 1,299.26	\$ 1,911.76
2	ABC 80-M (\$3,000 Ded/ \$40 OV/\$200/\$10-35 Rx)	Delta Dental Premier	\$ 17,627.40	\$ 1,468.95	\$ 448.12	\$ 958.53	\$ 1,602.49	\$ 488.85	\$ 1,045.67	\$ 1,762.74	\$ 537.74	\$ 1,150.24
		Delta Dental PPO	\$ 17,951.40	\$ 1,495.95	\$ 475.12	\$ 985.53	\$ 1,631.95	\$ 518.31	\$ 1,075.13	\$ 1,795.14	\$ 570.14	\$ 1,182.64
		Anthem Essential Choice	\$ 17,754.60	\$ 1,479.55	\$ 458.72	\$ 969.13	\$ 1,614.05	\$ 500.42	\$ 1,057.24	\$ 1,775.46	\$ 550.46	\$ 1,162.96
3	2-TIER HSA Single (\$5,000 Ded/30%)	Delta Dental Premier	\$ 10,523.40	\$ 876.95	\$ -	\$ 366.53	\$ 956.67	\$ -	\$ 399.85	\$ 1,052.34	\$ -	\$ 439.84
		Delta Dental PPO	\$ 10,847.40	\$ 903.95	\$ -	\$ 393.53	\$ 986.13	\$ -	\$ 429.31	\$ 1,084.74	\$ -	\$ 472.24
		Anthem Essential Choice	\$ 10,650.60	\$ 887.55	\$ -	\$ 377.13	\$ 968.24	\$ -	\$ 411.42	\$ 1,065.06	\$ -	\$ 452.56
4	2-TIER HSA Single & Children (\$10000 Ded/\$30%)	Delta Dental Premier	\$ 16,007.40	\$ 1,333.95	\$ 313.12	\$ 823.53	\$ 1,455.22	\$ 341.58	\$ 898.40	\$ 1,600.74	\$ 375.74	\$ 988.24
		Delta Dental PPO	\$ 16,331.40	\$ 1,360.95	\$ 340.12	\$ 850.53	\$ 1,484.67	\$ 371.04	\$ 927.85	\$ 1,633.14	\$ 408.14	\$ 1,020.64
		Anthem Essential Choice	\$ 16,134.60	\$ 1,344.55	\$ 323.72	\$ 834.13	\$ 1,466.78	\$ 353.15	\$ 909.96	\$ 1,613.46	\$ 388.46	\$ 1,000.96
5	ABC HSA \$5,000 Family	Delta Dental Premier	\$ 15,863.40	\$ 1,321.95	\$ 301.12	\$ 811.53	\$ 1,442.13	\$ 328.49	\$ 885.31	\$ 1,586.34	\$ 361.34	\$ 973.84
		Delta Dental PPO	\$ 16,187.40	\$ 1,348.95	\$ 328.12	\$ 838.53	\$ 1,471.58	\$ 357.95	\$ 914.76	\$ 1,618.74	\$ 393.74	\$ 1,006.24
		Anthem Essential Choice	\$ 15,990.60	\$ 1,332.55	\$ 311.72	\$ 822.13	\$ 1,453.69	\$ 340.05	\$ 896.87	\$ 1,599.06	\$ 374.06	\$ 986.56
6	ABC HMO Classic (\$0 Ded/ \$20 OV/ \$200/\$10-35 Rx)	Delta Dental Premier	\$ 22,379.40	\$ 1,864.95	\$ 844.12	\$ 1,354.53	\$ 2,034.49	\$ 920.85	\$ 1,477.67	\$ 2,237.94	\$ 1,012.94	\$ 1,625.44
		Delta Dental PPO	\$ 22,703.40	\$ 1,891.95	\$ 871.12	\$ 1,381.53	\$ 2,063.95	\$ 950.31	\$ 1,507.13	\$ 2,270.34	\$ 1,045.34	\$ 1,657.84
		Anthem Essential Choice	\$ 22,506.60	\$ 1,875.55	\$ 854.72	\$ 1,365.13	\$ 2,046.05	\$ 932.42	\$ 1,489.24	\$ 2,250.66	\$ 1,025.66	\$ 1,638.16
7	ABC Value Deductible (\$2000 Ded/ \$30 OV/ \$200/\$10-35 Rx)	Delta Dental Premier	\$ 18,467.40	\$ 1,538.95	\$ 518.12	\$ 1,028.53	\$ 1,678.85	\$ 565.22	\$ 1,122.04	\$ 1,846.74	\$ 621.74	\$ 1,234.24
		Delta Dental PPO	\$ 18,791.40	\$ 1,565.95	\$ 545.12	\$ 1,055.53	\$ 1,708.31	\$ 594.67	\$ 1,151.49	\$ 1,879.14	\$ 654.14	\$ 1,266.64
		Anthem Essential Choice	\$ 18,594.60	\$ 1,549.55	\$ 528.72	\$ 1,039.13	\$ 1,690.42	\$ 576.78	\$ 1,133.60	\$ 1,859.46	\$ 634.46	\$ 1,246.96
8	KAISER HMO TRAD (\$0 Ded / \$30 OV/ \$30 Rx)	Delta Dental Premier	\$ 22,991.40	\$ 1,915.95	\$ 895.12	\$ 1,405.53	\$ 2,090.13	\$ 976.49	\$ 1,533.31	\$ 2,299.14	\$ 1,074.14	\$ 1,686.64
		Delta Dental PPO	\$ 23,315.40	\$ 1,942.95	\$ 922.12	\$ 1,432.53	\$ 2,119.58	\$ 1,005.95	\$ 1,562.76	\$ 2,331.54	\$ 1,106.54	\$ 1,719.04
		Anthem Essential Choice	\$ 23,118.60	\$ 1,926.55	\$ 905.72	\$ 1,416.13	\$ 2,101.69	\$ 988.05	\$ 1,544.87	\$ 2,311.86	\$ 1,086.86	\$ 1,699.36
9	KAISER HSA \$1,700 Single/Family (\$1,700/\$3,200 Ded / Ded then 10% OV)	Delta Dental Premier	\$ 18,983.40	\$ 1,581.95	\$ 561.12	\$ 1,071.53	\$ 1,725.76	\$ 612.13	\$ 1,168.95	\$ 1,898.34	\$ 673.34	\$ 1,285.84
		Delta Dental PPO	\$ 19,307.40	\$ 1,608.95	\$ 588.12	\$ 1,098.53	\$ 1,755.22	\$ 641.58	\$ 1,198.40	\$ 1,930.74	\$ 705.74	\$ 1,318.24
		Anthem Essential Choice	\$ 19,110.60	\$ 1,592.55	\$ 571.72	\$ 1,082.13	\$ 1,737.33	\$ 623.69	\$ 1,180.51	\$ 1,911.06	\$ 686.06	\$ 1,298.56

Notes: 1) ABC = Anthem Blue Cross. 2) Dental plans are either Delta Dental or Anthem. (See benefit summaries for coverage details. 3) Vision plan offered: VSP Signature \$10 copay plan, and XP Health Vision \$10 copay plan. Rates include \$10,000 Basic Life for Certificated.

This rate sheet is provided for informational purposes only. Actual deductions will be based on the premium, CAP entitlement, and number of pay periods per year. Deductions may vary slightly due to rounding up or down. Employees on a 10 or 11 pay schedule may see additional adjustments if needed to ensure coverage through the month of July when no pay warrant is issued. Additional adjustments may be necessary for late enrollments or early terminations.