

2026 HEALTH INSURANCE PREMIUM RATES
IAFF, SEIU & MCE RATES EFFECTIVE 01/01/2026

Payroll changes take effect 12/1/2025

1) CCSD pays 85% of full-time employees and dependent's(s) premiums. **(Blue Shield Access+ is the district's selected "2026 lowest cost plan.")**

The Employer portion is made up of 2 components:

1a) Employer contributes the state minimum towards health care premiums (In 2026, this amount is: \$162.00).

1b) Employer contributes an additional amount over state minimum to bring its contribution to 85% of lowest cost plan.

2) Employee pays 15% of employees and dependent's(s) premiums **(Blue Shield Access+ is the "2026 lowest cost plan.")**

The Employee payment is made up of 2 components:

2a) Employee pays 15% of health care premiums

2b) If Employee selects a plan with a higher premium than the current year **Blue Shield Access+** premium amount, then the employee pays full differential cost of premium.

	Plan Code	Total Monthly Premium	EmploYER Monthly Portion	EmploYER Bi-Weekly Portion	EmploYEE	
					Monthly Portion	Bi-Weekly Portion
ANTHEM BLUE CROSS TRADITIONAL HMO						
Employee Only	510	1,158.26	894.70	447.35	263.56	131.78
Emp. & 1 dep.	510	2,316.52	1,789.91	894.96	526.61	263.30
Emp. & 2+ deps.	510	3,011.48	2,326.88	1,163.44	684.60	342.30
*BLUE SHIELD ACCESS+ HMO						
Employee Only	526	1,052.59	894.70	447.35	157.89	78.94
Emp. & 1 dep.	526	2,105.78	1,789.91	894.96	315.87	157.93
Emp. & 2+ deps.	526	2,737.51	2,326.88	1,163.44	410.63	205.31
BLUE SHIELD TRIO HMO						
Employee Only	088	936.58	894.70	447.35	41.88	20.94
Emp. & 1 dep.	088	1,873.16	1,789.91	894.96	83.25	41.62
Emp. & 2+ deps.	088	2,435.11	2,326.88	1,163.44	108.23	54.11
PERS GOLD						
Employee Only	649	956.28	894.70	447.35	61.58	30.79
Emp. & 1 dep.	649	1,912.56	1,789.91	894.96	122.65	61.32
Emp. & 2+ deps.	649	2,486.33	2,326.88	1,163.44	159.45	79.72
PERS PLATINUM						
Employee Only	658	1,426.24	894.70	447.35	531.54	265.77
Emp. & 1 dep.	658	2,852.48	1,789.91	894.96	1,062.57	531.28
Emp. & 2+ deps.	658	3,708.22	2,326.88	1,163.44	1,381.34	690.67
UNITED HEALTHCARE HMO						
Employee Only	577	950.99	894.70	447.35	56.29	28.14
Emp. & 1 dep.	577	1,901.98	1,789.91	894.96	112.07	56.03
Emp. & 2+ deps.	577	2,472.57	2,326.88	1,163.44	145.69	72.84

*Blue Shield Access+HMO is also known as Blue Shield of CA HMO

