COSUMNES COMMUNITY SERVICES DISTRICT
Full-Time Misc. Unrepresented
2026 Health Rate Sheet
Effective: January 1, 2026 - December 31, 2026

	2026 Employee Contribution	2025 Employee Contribution	25/26 Premium Change	2026 District Contribution	2025 District Contribution	25/26 Premium Change	2026 Total Premium	2025 Total Premium	25/26 Premium Change
PPO's	**EMPLOYEE ONLY**								
PERS Gold	$169.45	$90.56	$78.89	$951.13	$923.15	$27.98	$1,120.58	$1,013.70	$106.88
PERS Platinum	$719.01	$552.96	$166.05	$951.13	$923.15	$27.98	$1,670.14	$1,476.10	$194.04
HMO's									
Kaiser	$217.73	$189.76	$27.97	$951.13	$923.15	$27.98	$1,168.86	$1,112.90	$55.96
Western Health Advantage	$18.45	$0.00	$18.45	$951.13	$914.27	$36.86	$969.58	$914.27	$55.31
Blue Shield Trio	$215.45	$211.65	$3.80	$951.13	$923.15	$27.98	$1,166.58	$1,134.79	$31.79
Blue Shield Access+	$350.82	$247.03	$103.79	$951.13	$923.15	$27.98	$1,301.95	$1,170.17	$131.78
United Healthcare Alliance	$338.93	$261.44	$77.49	$951.13	$923.15	$27.98	$1,290.06	$1,184.58	$105.48
United Healthcare Harmony	$181.96	$81.88	$100.08	$951.13	$923.15	$27.98	$1,133.09	$1,005.02	$128.07
Anthem Select	$385.16	$333.51	$51.65	$951.13	$923.15	$27.98	$1,336.29	$1,256.65	$79.64
Anthem Traditional	$660.95	$577.26	$83.69	$951.13	$923.15	$27.98	$1,612.08	$1,500.40	$111.68
PPO's	**EMPLOYEE +1**								
PERS Gold	$338.90	$181.10	$157.80	$1,902.26	$1,846.30	$55.96	$2,241.16	$2,027.40	$213.76
PERS Platinum	$1,438.02	$1,105.90	$332.12	$1,902.26	$1,846.30	$55.96	$3,340.28	$2,952.20	$388.08
HMO's									
Kaiser	$435.46	$379.50	$55.96	$1,902.26	$1,846.30	$55.96	$2,337.72	$2,225.80	$111.92
Western Health Advantage	$36.90	$0.00	$36.90	$1,902.26	$1,825.54	$76.72	$1,939.16	$1,828.54	$110.62
Blue Shield Trio	$430.90	$423.28	$7.62	$1,902.26	$1,846.30	$55.96	$2,333.16	$2,269.58	$63.58
Blue Shield Access+	$701.64	$494.04	$207.60	$1,902.26	$1,846.30	$55.96	$2,603.90	$2,340.34	$263.56
United Healthcare Alliance	$677.86	$522.86	$155.00	$1,902.26	$1,846.30	$55.96	$2,580.12	$2,369.16	$210.96
United Healthcare Harmony	$363.92	$163.74	$200.18	$1,902.26	$1,846.30	$55.96	$2,266.18	$2,010.04	$256.14
Anthem Select	$770.32	$667.00	$103.32	$1,902.26	$1,846.30	$55.96	$2,672.58	$2,513.30	$159.28
Anthem Traditional	$1,321.90	$1,154.50	$167.40	$1,902.26	$1,846.30	$55.96	$3,224.16	$3,000.80	$223.36
PPO's	**FAMILY**								
PERS Gold	$440.58	$235.45	$205.13	$2,472.93	$2,400.18	$72.75	$2,913.51	$2,635.62	$277.89
PERS Platinum	$1,869.43	$1,437.69	$431.74	$2,472.93	$2,400.18	$72.75	$4,342.36	$3,837.86	$504.50
HMO's									
Kaiser	$566.11	$493.37	$72.74	$2,472.93	$2,400.18	$72.75	$3,039.04	$2,893.54	$145.50
Western Health Advantage	$47.98	$0.00	$47.98	$2,472.93	$2,400.18	$72.75	$2,520.91	$2,377.10	$143.81
Blue Shield Trio	$560.18	$550.28	$9.90	$2,472.93	$2,400.18	$72.75	$3,033.11	$2,950.45	$82.66
Blue Shield Access+	$912.14	$642.27	$269.87	$2,472.93	$2,400.18	$72.75	$3,385.07	$3,042.44	$342.63
United Healthcare Alliance	$881.23	$679.74	$201.49	$2,472.93	$2,400.18	$72.75	$3,354.16	$3,079.91	$274.25
United Healthcare Harmony	$473.10	$212.88	$260.22	$2,472.93	$2,400.18	$72.75	$2,946.03	$2,613.05	$332.98
Anthem Select	$1,001.42	$867.12	$134.30	$2,472.93	$2,400.18	$72.75	$3,474.35	$3,267.29	$207.06
Anthem Traditional	$1,718.48	$1,500.87	$217.61	$2,472.93	$2,400.18	$72.75	$4,191.41	$3,901.04	$290.37

Delta Dental Insurance	Plan Options			District Premium
Employee Premium (Monthly)	**Basic**	**Low**	**High**	
Employee Only	$ -	$7.69	$8.58	$45.56
Employee + One Dependent	$ -	$13.56	$15.15	$78.86
Employee + 2 or more	$ -	$23.22	$25.93	$133.48
Vision Services Plan	**Plan Options**			
Employee Premium (Monthly)	**Basic**	**Buy Up**		
All	$ -	$10.25		$17.06

All plan costs represent the monthly cost for health premiums. Employee premiums will be deducted according the bi-weekly pay schedule.