

COSUMNES COMMUNITY SERVICES DISTRICT
Teamsters Local 150 & 853
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
EMPLOYEE ONLY									
PPO's									
PERS Gold	\$68.61	\$12.09	\$56.52	\$1,051.97	\$1,001.61	\$50.36	\$1,120.58	\$1,013.70	\$106.88
PERS Platinum	\$618.17	\$474.49	\$143.68	\$1,051.97	\$1,001.61	\$50.36	\$1,670.14	\$1,476.10	\$194.04
HMO's									
Kaiser	\$116.89	\$111.29	\$5.60	\$1,051.97	\$1,001.61	\$50.36	\$1,168.86	\$1,112.90	\$55.96
Western Health Advantage	\$0.00	\$0.00	\$0.00	\$969.58	\$914.27	\$55.31	\$969.58	\$914.27	\$55.31
Blue Shield Trio	\$114.61	\$133.18	(\$18.57)	\$1,051.97	\$1,001.61	\$50.36	\$1,166.58	\$1,134.79	\$31.79
Blue Shield Access+	\$249.98	\$168.56	\$81.42	\$1,051.97	\$1,001.61	\$50.36	\$1,301.95	\$1,170.17	\$131.78
United Healthcare Alliance	\$238.09	\$182.97	\$55.12	\$1,051.97	\$1,001.61	\$50.36	\$1,290.06	\$1,184.58	\$105.48
United Healthcare Harmony	\$81.12	\$3.41	\$77.71	\$1,051.97	\$1,001.61	\$50.36	\$1,133.09	\$1,005.02	\$128.07
Anthem Select	\$284.32	\$255.04	\$29.28	\$1,051.97	\$1,001.61	\$50.36	\$1,336.29	\$1,256.65	\$79.64
Anthem Traditional	\$560.11	\$498.79	\$61.32	\$1,051.97	\$1,001.61	\$50.36	\$1,612.08	\$1,500.40	\$111.68

	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
EMPLOYEE +1									
PPO's									
PERS Gold	\$137.21	\$24.18	\$113.03	\$2,103.95	\$2,003.22	\$100.73	\$2,241.16	\$2,027.40	\$213.76
PERS Platinum	\$1,236.33	\$948.98	\$287.35	\$2,103.95	\$2,003.22	\$100.73	\$3,340.28	\$2,952.20	\$388.08
HMO's									
Kaiser	\$233.77	\$222.58	\$11.19	\$2,103.95	\$2,003.22	\$100.73	\$2,337.72	\$2,225.80	\$111.92
Western Health Advantage	\$0.00	\$0.00	\$0.00	\$1,939.16	\$1,828.54	\$110.62	\$1,939.16	\$1,828.54	\$110.62
Blue Shield Trio	\$229.21	\$266.36	(\$37.15)	\$2,103.95	\$2,003.22	\$100.73	\$2,333.16	\$2,269.58	\$63.58
Blue Shield Access+	\$499.95	\$337.12	\$162.83	\$2,103.95	\$2,003.22	\$100.73	\$2,603.90	\$2,340.34	\$263.56
United Healthcare Alliance	\$476.17	\$365.94	\$110.23	\$2,103.95	\$2,003.22	\$100.73	\$2,580.12	\$2,369.16	\$210.96
United Healthcare Harmony	\$162.23	\$6.82	\$155.41	\$2,103.95	\$2,003.22	\$100.73	\$2,266.18	\$2,010.04	\$256.14
Anthem Select	\$568.63	\$510.08	\$58.55	\$2,103.95	\$2,003.22	\$100.73	\$2,672.58	\$2,513.30	\$159.28
Anthem Traditional	\$1,120.21	\$997.58	\$122.63	\$2,103.95	\$2,003.22	\$100.73	\$3,224.16	\$3,000.80	\$223.36

	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
FAMILY									
PPO's									
PERS Gold	\$309.32	\$31.43	\$277.89	\$2,604.19	\$2,604.19	\$0.00	\$2,913.51	\$2,635.62	\$277.89
PERS Platinum	\$1,607.22	\$1,233.67	\$373.55	\$2,735.14	\$2,604.19	\$130.95	\$4,342.36	\$3,837.86	\$504.50
HMO's									
Kaiser	\$303.90	\$289.35	\$14.55	\$2,735.14	\$2,604.19	\$130.95	\$3,039.04	\$2,893.54	\$145.50
Western Health Advantage	\$0.00	\$0.00	\$0.00	\$2,520.91	\$2,377.10	\$143.81	\$2,520.91	\$2,377.10	\$143.81
Blue Shield Trio	\$297.97	\$346.26	(\$48.29)	\$2,735.14	\$2,604.19	\$130.95	\$3,033.11	\$2,950.45	\$82.66
Blue Shield Access+	\$649.93	\$438.25	\$211.68	\$2,735.14	\$2,604.19	\$130.95	\$3,385.07	\$3,042.44	\$342.63
United Healthcare Alliance	\$619.02	\$475.72	\$143.30	\$2,735.14	\$2,604.19	\$130.95	\$3,354.16	\$3,079.91	\$274.25
United Healthcare Harmony	\$210.89	\$8.86	\$202.03	\$2,735.14	\$2,604.19	\$130.95	\$2,946.03	\$2,613.05	\$332.98
Anthem Select	\$739.21	\$663.10	\$76.11	\$2,735.14	\$2,604.19	\$130.95	\$3,474.35	\$3,267.29	\$207.06
Anthem Traditional	\$1,456.27	\$1,296.85	\$159.42	\$2,735.14	\$2,604.19	\$130.95	\$4,191.41	\$3,901.04	\$290.37

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

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