

**COSUMNES COMMUNITY SERVICES DISTRICT**

PT- Under 30 Hours

**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
<b>EMPLOYEE ONLY</b>								
\$958.58	\$855.70	\$102.88	\$162.00	\$158.00	\$4.00	\$1,120.58	\$1,013.70	\$106.88
\$1,508.14	\$1,318.10	\$190.04	\$162.00	\$158.00	\$4.00	\$1,670.14	\$1,476.10	\$194.04

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
<b>EMPLOYEE +1</b>								
\$2,079.16	\$1,869.40	\$209.76	\$162.00	\$158.00	\$4.00	\$2,241.16	\$2,027.40	\$213.76
\$3,178.28	\$2,794.20	\$384.08	\$162.00	\$158.00	\$4.00	\$3,340.28	\$2,952.20	\$388.08
\$2,175.72	\$2,067.80	\$107.92	\$162.00	\$158.00	\$4.00	\$2,337.72	\$2,225.80	\$111.92
\$1,777.16	\$1,670.54	\$106.62	\$162.00	\$158.00	\$4.00	\$1,939.16	\$1,828.54	\$110.62
\$2,171.16	\$2,111.58	\$59.58	\$162.00	\$158.00	\$4.00	\$2,333.16	\$2,269.58	\$63.58
\$2,441.90	\$2,182.34	\$259.56	\$162.00	\$158.00	\$4.00	\$2,603.90	\$2,340.34	\$263.56
\$2,418.12	\$2,211.16	\$206.96	\$162.00	\$158.00	\$4.00	\$2,580.12	\$2,369.16	\$210.96
\$2,104.18	\$1,852.04	\$252.14	\$162.00	\$158.00	\$4.00	\$2,266.18	\$2,010.04	\$256.14
\$2,510.58	\$2,355.30	\$155.28	\$162.00	\$158.00	\$4.00	\$2,672.58	\$2,513.30	\$159.28
\$3,062.16	\$2,842.80	\$219.36	\$162.00	\$158.00	\$4.00	\$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
<b>FAMILY</b>								
\$2,751.51	\$2,477.62	\$273.89	\$162.00	\$158.00	\$4.00	\$2,913.51	\$2,635.62	\$277.89
\$4,180.36	\$3,679.86	\$500.50	\$162.00	\$158.00	\$4.00	\$4,342.36	\$3,837.86	\$504.50
\$2,877.04	\$2,735.54	\$141.50	\$162.00	\$158.00	\$4.00	\$3,039.04	\$2,893.54	\$145.50
\$2,358.91	\$2,219.10	\$139.81	\$162.00	\$158.00	\$4.00	\$2,520.91	\$2,377.10	\$143.81
\$2,871.11	\$2,792.45	\$78.66	\$162.00	\$158.00	\$4.00	\$3,033.11	\$2,950.45	\$82.66
\$3,223.07	\$2,884.44	\$338.63	\$162.00	\$158.00	\$4.00	\$3,385.07	\$3,042.44	\$342.63
\$3,192.16	\$2,921.91	\$270.25	\$162.00	\$158.00	\$4.00	\$3,354.16	\$3,079.91	\$274.25
\$2,784.03	\$2,455.05	\$328.98	\$162.00	\$158.00	\$4.00	\$2,946.03	\$2,613.05	\$332.98
\$3,312.35	\$3,109.29	\$203.06	\$162.00	\$158.00	\$4.00	\$3,474.35	\$3,267.29	\$207.06
\$4,029.41	\$3,743.04	\$286.37	\$162.00	\$158.00	\$4.00	\$4,191.41	\$3,901.04	\$290.37

Delta Dental Insurance Employee Premium (Monthly)	Plan Options		
	Basic	Low	High
Employee Only	\$ 45.55	\$53.24	\$54.13
Employee + One Dependent	\$ 78.85	\$92.41	\$94.00
Employee + 2 or more	\$ 133.48	\$156.70	\$159.41
Vision Services Plan Employee Premium (Monthly)	Plan Options		
	Basic	Buy Up	
All	\$ 17.05	\$27.30	

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