

**COSUMNES COMMUNITY SERVICES DISTRICT**

**Management Employee Organization**

**2026 Health Rate Sheet**

**Effective: January 1, 2026 - December 31, 2026**

|                            | 2026<br>Employee<br>Contribution | 2025<br>Employee<br>Contribution | 25/26<br>Premium<br>Change | 2026<br>District<br>Contribution | 2025<br>District<br>Contribution | 25/26<br>Premium<br>Change | 2026<br>Total<br>Premium | 2025<br>Total<br>Premium | 25/26<br>Premium<br>Change |
|----------------------------|----------------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------------|----------------------------|--------------------------|--------------------------|----------------------------|
| <b>EMPLOYEE ONLY</b>       |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| PERS Gold                  | \$127.05                         | \$113.72                         | \$13.33                    | \$993.53                         | \$899.98                         | \$93.55                    | \$1,120.58               | \$1,013.70               | \$106.88                   |
| PERS Platinum              | \$676.61                         | \$576.12                         | \$100.49                   | \$993.53                         | \$899.98                         | \$93.55                    | \$1,670.14               | \$1,476.10               | \$194.04                   |
| <b>EMPLOYEE +1</b>         |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| PERS Gold                  | \$254.10                         | \$232.44                         | \$21.66                    | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,241.16               | \$2,027.40               | \$213.76                   |
| PERS Platinum              | \$1,353.22                       | \$1,157.24                       | \$195.98                   | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$3,340.28               | \$2,952.20               | \$388.08                   |
| <b>FAMILY</b>              |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| PERS Gold                  | \$330.33                         | \$299.67                         | \$30.66                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$2,913.51               | \$2,635.62               | \$277.89                   |
| PERS Platinum              | \$1,759.18                       | \$1,501.91                       | \$257.27                   | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$4,342.36               | \$3,837.86               | \$504.50                   |
| <b>EMPLOYEE ONLY</b>       |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| Kaiser                     | \$350.66                         | \$430.84                         | (\$80.18)                  | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,337.72               | \$2,225.80               | \$111.92                   |
| Western Health Advantage   | \$0.00                           | \$33.58                          | (\$33.58)                  | \$1,939.16                       | \$1,794.96                       | \$144.20                   | \$1,939.16               | \$1,828.54               | \$110.62                   |
| Blue Shield Trio           | \$346.10                         | \$474.62                         | (\$128.52)                 | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,333.16               | \$2,269.58               | \$63.58                    |
| Blue Shield Access+        | \$616.84                         | \$545.38                         | \$71.46                    | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,603.90               | \$2,340.34               | \$263.56                   |
| United Healthcare Alliance | \$593.06                         | \$574.20                         | \$18.86                    | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,580.12               | \$2,369.16               | \$210.96                   |
| United Healthcare Harmony  | \$279.12                         | \$215.08                         | \$64.04                    | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,266.18               | \$2,010.04               | \$256.14                   |
| Anthem Select              | \$685.52                         | \$718.34                         | (\$32.82)                  | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$2,672.58               | \$2,513.30               | \$159.28                   |
| Anthem Traditional         | \$1,237.10                       | \$1,205.84                       | \$31.26                    | \$1,987.06                       | \$1,794.96                       | \$192.10                   | \$3,224.16               | \$3,000.80               | \$223.36                   |
| <b>EMPLOYEE +1</b>         |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| Kaiser                     | \$455.86                         | \$557.59                         | (\$101.73)                 | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,039.04               | \$2,893.54               | \$145.50                   |
| Western Health Advantage   | \$0.00                           | \$41.15                          | (\$41.15)                  | \$2,520.91                       | \$2,335.95                       | \$184.96                   | \$2,520.91               | \$2,377.10               | \$143.81                   |
| Blue Shield Trio           | \$449.93                         | \$614.50                         | (\$164.57)                 | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,033.11               | \$2,950.45               | \$82.66                    |
| Blue Shield Access+        | \$801.89                         | \$706.49                         | \$95.40                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,385.07               | \$3,042.44               | \$342.63                   |
| United Healthcare Alliance | \$770.98                         | \$743.96                         | \$27.02                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,354.16               | \$3,079.91               | \$274.25                   |
| United Healthcare Harmony  | \$362.85                         | \$277.10                         | \$85.75                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$2,946.03               | \$2,613.05               | \$332.98                   |
| Anthem Select              | \$891.17                         | \$931.34                         | (\$40.17)                  | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,474.35               | \$3,267.29               | \$207.06                   |
| Anthem Traditional         | \$1,608.23                       | \$1,565.09                       | \$43.14                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$4,191.41               | \$3,901.04               | \$290.37                   |
| <b>FAMILY</b>              |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| <b>EMPLOYEE ONLY</b>       |                                  |                                  |                            |                                  |                                  |                            |                          |                          |                            |
| Kaiser                     | \$455.86                         | \$557.59                         | (\$101.73)                 | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,039.04               | \$2,893.54               | \$145.50                   |
| Western Health Advantage   | \$0.00                           | \$41.15                          | (\$41.15)                  | \$2,520.91                       | \$2,335.95                       | \$184.96                   | \$2,520.91               | \$2,377.10               | \$143.81                   |
| Blue Shield Trio           | \$449.93                         | \$614.50                         | (\$164.57)                 | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,033.11               | \$2,950.45               | \$82.66                    |
| Blue Shield Access+        | \$801.89                         | \$706.49                         | \$95.40                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,385.07               | \$3,042.44               | \$342.63                   |
| United Healthcare Alliance | \$770.98                         | \$743.96                         | \$27.02                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,354.16               | \$3,079.91               | \$274.25                   |
| United Healthcare Harmony  | \$362.85                         | \$277.10                         | \$85.75                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$2,946.03               | \$2,613.05               | \$332.98                   |
| Anthem Select              | \$891.17                         | \$931.34                         | (\$40.17)                  | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$3,474.35               | \$3,267.29               | \$207.06                   |
| Anthem Traditional         | \$1,608.23                       | \$1,565.09                       | \$43.14                    | \$2,583.18                       | \$2,335.95                       | \$247.23                   | \$4,191.41               | \$3,901.04               | \$290.37                   |

| Delta Dental Insurance<br>Employee Premium (Monthly) | Plan Options |         |         |
|--|--------------|---------|---------|
|  | 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                                 |              |         |         |
| Employee Premium (Monthly)                           |              |         |         |
| All  | Basic        | Buy Up  |         |
|  | \$ -         | \$10.25 |         |

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