

COSUMNES COMMUNITY SERVICES DISTRICT
Local 522
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	\$214.33	\$135.43	\$78.90	\$906.25	\$878.27	\$27.98	\$1,120.58	\$1,013.70	\$106.88
PERS Platinum	\$763.89	\$597.83	\$166.06	\$906.25	\$878.27	\$27.98	\$1,670.14	\$1,476.10	\$194.04
HMO's									
Kaiser	\$262.61	\$234.63	\$27.98	\$906.25	\$878.27	\$27.98	\$1,168.86	\$1,112.90	\$55.96
Western Health Advantage	\$63.33	\$36.00	\$27.33	\$906.25	\$878.27	\$27.98	\$969.58	\$914.27	\$55.31
Blue Shield Trio	\$260.33	\$256.52	\$3.81	\$906.25	\$878.27	\$27.98	\$1,166.58	\$1,134.79	\$31.79
Blue Shield Access+	\$395.70	\$291.90	\$103.80	\$906.25	\$878.27	\$27.98	\$1,301.95	\$1,170.17	\$131.78
United Healthcare Alliance	\$383.81	\$306.31	\$77.50	\$906.25	\$878.27	\$27.98	\$1,290.06	\$1,184.58	\$105.48
United Healthcare Harmony	\$226.84	\$126.75	\$100.09	\$906.25	\$878.27	\$27.98	\$1,133.09	\$1,005.02	\$128.07
Anthem Select	\$430.04	\$378.38	\$51.66	\$906.25	\$878.27	\$27.98	\$1,336.29	\$1,256.65	\$79.64
Anthem Traditional	\$705.83	\$622.13	\$83.70	\$906.25	\$878.27	\$27.98	\$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	\$433.66	\$275.86	\$157.80	\$1,807.50	\$1,751.54	\$55.96	\$2,241.16	\$2,027.40	\$213.76
PERS Platinum	\$1,532.78	\$1,200.66	\$332.12	\$1,807.50	\$1,751.54	\$55.96	\$3,340.28	\$2,952.20	\$388.08
HMO's									
Kaiser	\$530.22	\$474.26	\$55.96	\$1,807.50	\$1,751.54	\$55.96	\$2,337.72	\$2,225.80	\$111.92
Western Health Advantage	\$131.66	\$77.00	\$54.66	\$1,807.50	\$1,751.54	\$55.96	\$1,939.16	\$1,828.54	\$110.62
Blue Shield Trio	\$525.66	\$518.04	\$7.62	\$1,807.50	\$1,751.54	\$55.96	\$2,333.16	\$2,269.58	\$63.58
Blue Shield Access+	\$796.40	\$588.80	\$207.60	\$1,807.50	\$1,751.54	\$55.96	\$2,603.90	\$2,340.34	\$263.56
United Healthcare Alliance	\$772.62	\$617.62	\$155.00	\$1,807.50	\$1,751.54	\$55.96	\$2,580.12	\$2,369.16	\$210.96
United Healthcare Harmony	\$458.68	\$258.50	\$200.18	\$1,807.50	\$1,751.54	\$55.96	\$2,266.18	\$2,010.04	\$256.14
Anthem Select	\$865.08	\$761.76	\$103.32	\$1,807.50	\$1,751.54	\$55.96	\$2,672.58	\$2,513.30	\$159.28
Anthem Traditional	\$1,416.66	\$1,249.26	\$167.40	\$1,807.50	\$1,751.54	\$55.96	\$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	\$561.26	\$356.12	\$205.14	\$2,352.25	\$2,279.50	\$72.75	\$2,913.51	\$2,635.62	\$277.89
PERS Platinum	\$1,990.11	\$1,558.36	\$431.75	\$2,352.25	\$2,279.50	\$72.75	\$4,342.36	\$3,837.86	\$504.50
HMO's									
Kaiser	\$686.79	\$614.04	\$72.75	\$2,352.25	\$2,279.50	\$72.75	\$3,039.04	\$2,893.54	\$145.50
Western Health Advantage	\$168.66	\$97.60	\$71.06	\$2,352.25	\$2,279.50	\$72.75	\$2,520.91	\$2,377.10	\$143.81
Blue Shield Trio	\$680.86	\$670.95	\$9.91	\$2,352.25	\$2,279.50	\$72.75	\$3,033.11	\$2,950.45	\$82.66
Blue Shield Access+	\$1,032.82	\$762.94	\$269.88	\$2,352.25	\$2,279.50	\$72.75	\$3,385.07	\$3,042.44	\$342.63
United Healthcare Alliance	\$1,001.91	\$800.41	\$201.50	\$2,352.25	\$2,279.50	\$72.75	\$3,354.16	\$3,079.91	\$274.25
United Healthcare Harmony	\$593.78	\$333.55	\$260.23	\$2,352.25	\$2,279.50	\$72.75	\$2,946.03	\$2,613.05	\$332.98
Anthem Select	\$1,122.10	\$987.79	\$134.31	\$2,352.25	\$2,279.50	\$72.75	\$3,474.35	\$3,267.29	\$207.06
Anthem Traditional	\$1,839.16	\$1,621.54	\$217.62	\$2,352.25	\$2,279.50	\$72.75	\$4,191.41	\$3,901.04	\$290.37

Delta Dental Insurance 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)	Plan Options		
	Basic	Buy Up	
All	\$ -	\$10.25	

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