

2024-2025 Benefit Table

Benefit Type Medical
Plan Name BLUE SHIELD BRONZE HMO ACCESS + 2025
Plan Effective 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$208.93	\$640.00
		Two-Party	\$431.07	\$847.93	\$1,279.00
		Family	\$431.07	\$1,231.93	\$1,663.00
Classified Superintendent	4	Single	\$621.41	\$18.59	\$640.00
		Two-Party	\$646.60	\$632.40	\$1,279.00
		Family	\$646.60	\$1,016.40	\$1,663.00
Classified Superintendent	5 or more	Single/BSS	\$621.41	\$18.59	\$640.00
		Two-Party	\$1,242.82	\$36.18	\$1,279.00
		Family/BSF	\$1,293.20	\$369.80	\$1,663.00
Certificated	4	Single	\$621.41	\$18.59	\$640.00
		Two-Party	\$862.13	\$416.87	\$1,279.00
		Family	\$862.13	\$800.87	\$1,663.00
Certificated (9thly)	5 or more	Single/B5S	\$828.55	\$24.79	\$640.00
		Two-Party/B52	\$1,657.09	\$48.24	\$1,279.00
		Family/B5F	\$1,724.27	\$573.24	\$1,663.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD BRONZE HMO TRIO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$112.93	\$544.00
		Two-Party	\$431.07	\$656.93	\$1,088.00
		Family	\$431.07	\$982.93	\$1,414.00
Classified Superintendent	4	Single	\$528.20	\$15.80	\$544.00
		Two-Party	\$646.60	\$441.40	\$1,088.00
		Family	\$646.60	\$767.40	\$1,414.00
Classified Superintendent	5 or more	Single/BTS	\$528.20	\$15.80	\$544.00
		Two-Party/BT2	\$1,056.40	\$31.60	\$1,088.00
		Family/BTF	\$1,293.20	\$120.80	\$1,414.00
Certificated	4	Single	\$528.20	\$15.80	\$544.00
		Two-Party	\$862.13	\$225.87	\$1,088.00
		Family	\$862.13	\$551.87	\$1,414.00
Certificated (9thly)	5 or more	Single/T5S	\$704.27	\$21.07	\$544.00
		Two-Party/T52	\$1,408.53	\$42.13	\$1,088.00
		Family/T5F	\$1,724.267	\$161.07	\$1,414.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD HMO ACCESS + 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$336.93	\$768.00
		Two-Party	\$431.07	\$1,104.93	\$1,536.00
		Family	\$431.07	\$1,564.93	\$1,996.00
Classified Superintendent	4	Single	\$646.60	\$121.40	\$768.00
		Two-Party	\$646.60	\$889.40	\$1,536.00
		Family	\$646.60	\$1,349.40	\$1,996.00
Classified Superintendent	5 or more	Single/BSS	\$745.80	\$22.20	\$768.00
		Two-Party/BS2	\$1,293.20	\$242.80	\$1,536.00
		Family/BSF	\$1,293.20	\$702.80	\$1,996.00
Certificated	4	Single	\$745.80	\$22.20	\$768.00
		Two-Party	\$862.13	\$673.87	\$1,536.00
		Family	\$862.13	\$1,133.87	\$1,996.00
Certificated (9thly)	5 or more	Single/B5S	\$994.40	\$29.60	\$768.00
		Two-Party/B52	\$1,724.27	\$323.73	\$1,536.00
		Family/B5F	\$1,724.27	\$937.07	\$2,661.33

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD HMO TRIO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$221.93	\$653.00
		Two-Party	\$431.07	\$873.93	\$1,305.00
		Family	\$431.07	\$1,265.93	\$1,697.00
Classified Superintendent	4	Single	\$633.93	\$19.07	\$653.00
		Two-Party	\$646.60	\$658.40	\$1,305.00
		Family	\$646.60	\$1,050.40	\$1,697.00
Classified Superintendent	5 or more	Single/BTS	\$633.93	\$19.07	\$653.00
		Two-Party/BT2	\$1,267.88	\$37.12	\$1,305.00
		Family/BTF	\$1,293.20	\$403.80	\$1,697.00
Certificated	4	Single	\$633.93	\$19.07	\$653.00
		Two-Party	\$862.13	\$442.87	\$1,305.00
		Family	\$862.13	\$834.87	\$1,697.00
Certificated (9thly)	5 or more	Single/T5S	\$845.24	\$25.43	\$653.00
		Two-Party/T52	\$1,690.51	\$49.49	\$1,305.00
		Family/T5F	\$1,293.20	\$538.40	\$1,697.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD PPO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$751.93	\$1,183.00
		Two-Party	\$431.07	\$1,934.93	\$2,366.00
		Family	\$431.07	\$2,644.93	\$3,076.00
Classified Superintendent	4	Single	\$646.60	\$536.40	\$1,183.00
		Two-Party	\$646.60	\$1,719.40	\$2,366.00
		Family	\$646.60	\$2,429.40	\$3,076.00
Classified Superintendent	5 or more	Single/BSS	\$1,149.15	\$33.85	\$1,183.00
		Two-Party/BT2	\$1,293.20	\$1,072.80	\$2,366.00
		Family/BSF	\$1,293.20	\$1,782.80	\$3,076.00
Certificated	4	Single	\$1,149.51	\$427.83	\$1,183.00
		Two-Party	\$1,149.51	\$2,005.16	\$2,366.00
		Family	\$1,149.51	\$3,168.36	\$3,076.00
Certificated (9thly)	5 or more	Single/B5S	\$1,532.20	\$45.13	\$1,577.33
		Two-Party/B52	\$1,724.27	\$1,430.40	\$3,154.66
		Family/B5F	\$1,724.27	\$4,101.33	\$3,076.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD GOLD PPO TANDEM 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$680.93	\$1,112.00
		Two-Party	\$431.07	\$1,792.93	\$2,224.00
		Family	\$431.07	\$2,459.93	\$2,891.00
Classified Superintendent	4	Single	\$646.60	\$465.40	\$1,112.00
		Two-Party	\$646.60	\$1,577.40	\$2,224.00
		Family	\$646.60	\$2,244.40	\$2,891.00
Classified Superintendent	5 or more	Single/BTS	\$1,080.21	\$31.79	\$1,112.00
		Two-Party/BT2	\$1,293.20	\$930.80	\$2,224.00
		Family/BTF	\$1,293.20	\$1,597.80	\$2,891.00
Certificated	4	Single	\$1,149.51	\$249.87	\$1,112.00
		Two-Party	\$1,149.51	\$1,361.87	\$2,224.00
		Family	\$1,149.51	\$2,028.87	\$2,891.00
Certificated (9thly)	5 or more	Single/T5S 05	\$1,361.60	\$121.07	\$1,112.00
		Two-Party/T52	\$1,724.27	\$1,241.07	\$2,224.00
		Family/T5F	\$1,724.27	\$2,130.40	\$2,891.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PLATINUM HMO ACCESS + 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$383.93	\$815.00
		Two-Party	\$431.07	\$1,198.93	\$1,630.00
		Family	\$431.07	\$1,688.93	\$2,120.00
Classified Superintendent	4	Single	\$646.60	\$168.40	\$815.00
		Two-Party	\$646.60	\$983.40	\$1,630.00
		Family	\$646.60	\$1,473.40	\$2,120.00
Classified Superintendent	5 or more	Single/BSS	\$791.87	\$23.13	\$815.00
		Two-Party/BS2	\$1,293.20	\$336.80	\$1,630.00
		Family/BSF	\$1,293.20	\$826.80	\$2,120.00
Certificated	4	Single	\$791.87	\$23.13	\$815.00
		Two-Party	\$862.13	\$767.87	\$1,630.00
		Family	\$862.13	\$1,257.87	\$2,120.00
Certificated (9thly)	5 or more	Single/B5S	\$1,005.83	\$30.84	\$1,086.67
		Two-PartyB52	\$1,724.27	\$449.07	\$1,630.00
		Family/B5F	\$1,724.27	\$1,102.40	\$2,120.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PLATINUM HMO TRIO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$261.93	\$693.00
		Two-Party	\$431.07	\$954.93	\$1,386.00
		Family	\$431.07	\$1,370.93	\$1,802.00
Classified Superintendent	4	Single	\$646.60	\$46.40	\$693.00
		Two-Party	\$646.60	\$739.40	\$1,386.00
		Family	\$646.60	\$1,155.40	\$1,802.00
Classified Superintendent	5 or more	Single/BTS	\$673.09	\$19.91	\$693.00
		Two-Party/BT2	\$1,293.20	\$92.80	\$1,386.00
		Family/BTF	\$1,293.20	\$508.80	\$1,802.00
Certificated	4	Single	\$673.09	\$19.91	\$693.00
		Two-Party	\$862.13	\$523.87	\$1,386.00
		Family	\$862.13	\$939.87	\$1,802.00
Certificated (9thly)	5 or more	Single/T5S	\$897.45	\$26.55	\$693.00
		Two-Party/T52	\$1,724.27	\$123.73	\$1,386.00
		Family/T5F	\$1,724.27	\$678.40	\$1,802.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER BRONZE PPO TANDEM 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$346.93	\$778.00
		Two-Party	\$431.07	\$1,125.93	\$1,557.00
		Family	\$431.07	\$1,592.93	\$2,024.00
Classified Superintendent	4	Single	\$646.60	\$131.40	\$778.00
		Two-Party	\$646.60	\$910.40	\$1,557.00
		Family	\$646.60	\$1,377.40	\$2,024.00
Classified Superintendent	5 or more	Single/BTS	\$756.09	\$21.91	\$778.00
		Two-Party/BT2	\$1,293.20	\$263.80	\$1,557.00
		Family/BTF	\$1,293.20	\$730.80	\$2,024.00
Certificated	4	Single	\$756.09	\$21.91	\$778.00
		Two-Party	\$862.13	\$694.87	\$1,557.00
		Family	\$862.13	\$1,161.87	\$2,024.00
Certificated (9thly)	5 or more	Single/T5S	\$1,008.12	\$29.21	\$778.00
		Two-Party/T52	\$1,724.27	\$351.73	\$1,557.00
		Family/T5F	\$1,724.27	\$974.40	\$2,024.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER BRONZE PPO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$396.93	\$828.00
		Two-Party	\$431.07	\$1,224.93	\$1,656.00
		Family	\$431.07	\$1,721.93	\$2,153.00
Classified Superintendent	4	Single	\$646.60	\$181.40	\$828.00
		Two-Party	\$646.60	\$1,009.40	\$1,656.00
		Family	\$646.60	\$1,506.40	\$2,153.00
Classified Superintendent	5 or more	Single	\$804.34	\$23.66	\$828.00
		Two-Party/BS2	\$1,293.20	\$362.80	\$1,656.00
		Family/BSF	\$1,293.20	\$859.80	\$2,153.00
Certificated	4	Single	\$804.34	\$23.66	\$828.00
		Two-Party	\$862.13	\$793.87	\$1,656.00
		Family	\$862.13	\$1,290.87	\$2,153.00
Certificated (9thly)	5 or more	Single B5S	\$1,072.45	\$31.55	\$828.00
		Two-Party/B52	\$1,724.27	\$483.73	\$1,656.00
		Family/B5F	\$1,724.27	\$1,146.40	\$2,153.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER SILVER ALTERNATE HSA 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$459.93	\$891.00
		Two-Party	\$431.07	\$1,350.93	\$1,782.00
		Family	\$431.07	\$1,885.93	\$2,317.00
Classified Superintendent	4	Single	\$646.60	\$244.40	\$891.00
		Two-Party	\$646.60	\$1,135.40	\$1,782.00
		Family	\$646.60	\$1,670.40	\$2,317.00
Classified Superintendent	5 or more	Single/BSS	\$865.58	\$25.42	\$891.00
		Two-Party/	\$1,293.20	\$488.80	\$1,782.00
		Family/BSF	\$1,293.20	\$1,023.80	\$2,317.00
Certificated	4	Single	\$842.33	\$48.67	\$891.00
		Two-Party	\$862.13	\$919.87	\$1,782.00
		Family	\$862.13	\$1,454.87	\$2,317.00
Certificated (9thly)	5 or more	Single/B5S	\$842.33	\$64.89	\$891.00
		Two-Party/B52	\$1,724.27	\$651.73	\$1,782.00
		Family/B5F	\$1,724.27	\$1,365.06	\$2,317.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD PREMIER SILVER ALTERNATE HSA TANDEM 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$406.93	\$838.00
		Two-Party	\$431.07	\$1,243.93	\$1,675.00
		Family	\$431.07	\$1,746.93	\$2,178.00
Classified Superintendent	4	Single	\$646.60	\$191.40	\$838.00
		Two-Party	\$646.60	\$1,028.40	\$1,675.00
		Family	\$646.60	\$1,531.40	\$2,178.00
Classified Superintendent	5 or more	Single	\$813.63	\$24.37	\$838.00
		Two-Party/BT2	\$1,293.20	\$381.80	\$1,675.00
		Family/BTF	\$1,293.20	\$884.80	\$2,178.00
Certificated	4	Single	\$813.63	\$24.37	\$838.00
		Two-Party	\$862.13	\$812.87	\$1,675.00
		Family	\$862.13	\$1,315.87	\$2,178.00
Certificated	5 or more	Single/T5S	\$1,084.84	\$32.49	\$838.00
		Two-Party/T52	\$1,724.27	\$509.07	\$1,675.00
		Family/T5F	\$1,724.27	\$1,179.73	\$2,178.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER HMO ACCESS + 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$276.93	\$708.00
		Two-Party	\$431.07	\$983.93	\$1,415.00
		Family	\$431.07	\$1,408.93	\$1,840.00
Classified Superintendent	4	Single	\$646.60	\$61.40	\$708.00
		Two-Party	\$646.60	\$768.40	\$1,415.00
		Family	\$646.60	\$1,193.40	\$1,840.00
Classified Superintendent	5 or more	Single/BSS	\$687.39	\$20.61	\$708.00
		Two-Party	\$1,293.20	\$121.80	\$1,415.00
		Family/BSF	\$1,293.20	\$546.80	\$1,840.00
Certificated	4	Single	\$687.39	\$20.61	\$708.00
		Two-Party	\$862.13	\$552.87	\$1,415.00
		Family	\$862.13	\$977.87	\$1,840.00
Certificated (9thly)	5 or more	Single/B5S	\$916.52	\$27.48	\$708.00
		Two-Party/B52	\$1,724.27	\$162.40	\$1,415.00
		Family/B5F	\$1,724.27	\$729.06	\$1,840.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER HMO TRIO 202
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$170.93	\$602.00
		Two-Party	\$431.07	\$771.93	\$1,203.00
		Family	\$431.07	\$1,132.93	\$1,564.00
Classified Superintendent	4	Single	\$584.28	\$17.72	\$602.00
		Two-Party	\$646.60	\$556.40	\$1,203.00
		Family	\$646.60	\$917.40	\$1,564.00
Classified Superintendent	5 or more	Single/BTS	\$568.59	\$33.41	\$602.00
		Two-Party/BT2	\$1,168.59	\$34.41	\$1,203.00
		Family/BTF	\$1,293.20	\$270.80	\$1,564.00
Certificated	4	Single	\$584.28	\$17.72	\$602.00
		Two-Party	\$862.13	\$340.87	\$1,203.00
		Family	\$862.13	\$701.87	\$1,564.00
Certificated (9thly)	5 or more	Single/T5S	\$779.04	\$23.63	\$602.00
		Two-Party/T52	\$1,558.07	\$45.88	\$1,203.00
		Family/T5F	\$1,558.07	\$361.07	\$1,564.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER PPO 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$608.93	\$1,040.00
		Two-Party	\$431.07	\$1,638.93	\$2,070.00
		Family	\$431.07	\$2,271.93	\$2,703.00
Classified Superintendent	4	Single	\$646.60	\$393.40	\$1,040.00
		Two-Party	\$646.60	\$1,423.40	\$2,070.00
		Family	\$646.60	\$2,056.40	\$2,703.00
Classified Superintendent	5 or more	Single/BSS	\$1,009.80	\$30.20	\$1,040.00
		Two-Party/BT2	\$1,293.20	\$776.80	\$2,070.00
		Family/BSF	\$1,293.20	\$1,409.80	\$2,703.00
Certificated	4	Single	\$862.13	\$177.87	\$1,040.00
		Two-Party	\$862.13	\$1,207.87	\$2,070.00
		Family	\$862.13	\$1,840.87	\$2,703.00
Certificated (9thly)	5 or more	Single/B5S	\$1,346.40	\$40.27	\$1,040.00
		Two-Party/B52	\$1,724.27	\$1,035.73	\$2,070.00
		Family/B5F	\$1,724.27	\$1,879.73	\$2,703.00

Benefit Type
Plan Name
Plan Effective

Medical
 BLUE SHIELD SILVER PPO TANDEM 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$545.93	\$977.00
		Two-Party	\$431.07	\$1,522.93	\$1,954.00
		Family	\$431.07	\$2,109.93	\$2,541.00
Classified Superintendent	4	Single	\$646.60	\$330.40	\$977.00
		Two-Party	\$646.60	\$1,307.40	\$1,954.00
		Family	\$646.60	\$1,894.40	\$2,541.00
Classified Superintendent	5 or more	Single/BTS	\$949.21	\$27.79	\$977.00
		Two-Party/BT2	\$1,293.20	\$660.80	\$1,954.00
		Family/BTF	\$1,293.20	\$1,247.80	\$2,541.00
Certificated	4	Single	\$4,459.51	\$153.16	\$977.00
		Two-Party	\$4,459.51	\$1,455.83	\$1,954.00
		Family	\$4,459.51	\$1,678.87	\$2,541.00
Certificated (9thly)	5 or more	Single/T5S	\$1,231.62	\$71.04	\$977.00
		Two-Party/T52	\$1,724.27	\$881.07	\$1,954.00
		Family/T5F	\$1,724.27	\$1,663.73	\$2,541.00

Benefit Type
Plan Name
Plan Effective

Medical
 KAISER BRONZE 2 2025
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$171.62	\$602.69
		Two-Party	\$431.07	\$758.84	\$1,189.91
		Family	\$431.07	\$1,111.17	\$1,542.24
Classified Superintendent	4	Single	\$545.75	\$56.94	\$602.69
		Two-Party	\$646.60	\$543.31	\$1,189.91
		Family	\$646.60	\$895.64	\$1,542.24
Classified Superintendent	5 or more	Single/KPS	\$545.75	\$56.94	\$602.69
		Two-Party/KP2	\$1,075.10	\$114.81	\$1,189.91
		Family/KPF	\$1,293.20	\$249.04	\$1,542.24
Certificated	4	Single	\$545.75	\$56.94	\$602.69
		Two-Party	\$862.13	\$327.78	\$1,189.91
		Family	\$862.13	\$680.11	\$1,542.24
Certificated (9thly)	5 or more	Single	\$727.67	\$56.94	\$784.61
		Two-Party	\$1,433.47	\$153.08	\$1,586.55
		Family/K5F	\$1,724.27	\$332.05	\$2,056.32

Benefit Type
Plan Name
Plan Effective

Medical
KAISER BRONZE 2025
10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$275.02	\$706.09
		Two-Party	\$431.07	\$965.63	\$1,396.70
		Family	\$431.07	\$1,379.99	\$1,811.06
Classified Superintendent	4	Single	\$639.29	\$66.80	\$706.09
		Two-Party		\$750.10	\$1,396.70
		Family	\$646.60	\$1,164.46	\$1,811.06
Classified Superintendent	5 or more	Single/KPS	\$639.29	\$66.80	\$706.09
		Two-Party/KP2	\$1,262.17	\$134.53	\$1,396.70
		Family/KPF	\$1,293.20	\$517.86	\$1,811.06
Certificated (9thly)	4	Single	\$639.29	\$66.80	\$706.09
		Two-Party	\$862.13	\$534.57	\$1,396.70
		Family	\$862.13	\$948.93	\$1,811.06
Certificated (9thly)	5 or more	Single/K5S	\$852.39	\$125.96	\$706.09
		Two-Party/K52	\$1,682.89	\$179.37	\$1,396.70
		Family/K5F	\$1,724.27	\$690.48	\$1,811.06

Benefit Type
Plan Name
Plan Effective

Medical
KAISER GOLD 2025
10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$409.48	\$840.55
		Two-Party	\$431.07	\$1,234.55	\$1,665.62
		Family	\$431.07	\$1,729.59	\$2,160.66
Classified Superintendent	4	Single	\$646.60	\$193.95	\$840.55
		Two-Party	\$646.60	\$1,019.02	\$1,665.62
		Family	\$646.60	\$1,514.06	\$2,160.66
Classified Superintendent	5 or more	Single/KPS	\$760.54	\$80.01	\$840.55
		Two-Party/KP2	\$1,293.20	\$372.42	\$1,665.62
		Family/KPF	\$1,293.20	\$867.46	\$2,160.66
Certificated (9thly)	4	Single/K5S	\$1,014.05	\$106.68	\$1,120.73
		Two-Party/K52	\$1,149.51	\$1,071.32	\$2,220.83
		Family	\$1,149.51	\$1,298.23	\$2,160.66
Certificated (9thly)	5 or more	Single/k5S	\$1,014.05	\$106.68	\$1,120.73
		Two-Party/K52	\$1,724.27	\$496.56	\$1,665.62
		Family/K5F	\$1,724.27	\$1,156.61	\$2,160.66

Benefit Type
Plan Name
Plan Effective

Medical
KAISER PLATINUM 2025
10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$495.99	\$927.06
		Two-Party	\$431.07	\$1,407.57	\$1,838.64
		Family	\$431.07	\$1,954.52	\$2,385.59
Classified Superintendent	4	Single	\$646.60	\$280.46	\$927.06
		Two-Party	\$646.60	\$1,192.04	\$1,838.64
		Family	\$646.60	\$1,738.99	\$2,385.59
Classified Superintendent	5 or more	Single/KPS	\$838.53	\$88.53	\$927.06
		Two-Party/KP2	\$1,293.20	\$545.44	\$1,838.64
		Family/KPF	\$1,293.20	\$1,092.39	\$2,385.59
Certificated (9thly)	4	Single/K5S	\$1,118.04	\$88.53	\$927.06
		Two-Party	\$1,149.51	\$976.51	\$1,838.64
		Family/K5F	\$1,149.51	\$1,523.46	\$2,385.59
Certificated (9thly)	5 or more	Single/K5S	\$1,118.04	\$88.53	\$927.06
		Two-Party/K52	\$1,724.27	\$545.44	\$1,838.64
		Family/K5F	\$1,724.27	\$1,456.25	\$2,385.59

Benefit Type
Plan Name
Plan Effective

Medical
KAISER SILVER 2025
10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any	2-3	Single	\$431.07	\$335.50	\$766.57
		Two-Party	\$431.07	\$1,086.59	\$1,517.66
		Family	\$431.07	\$1,537.25	\$1,968.32
Classified Superintendent	4	Single	\$629.46	\$137.11	\$766.57
		Two-Party	\$646.60	\$871.06	\$1,517.66
		Family	\$646.60	\$1,321.72	\$1,968.32
Classified Superintendent	5 or more	Single/KPS	\$693.81	\$72.76	\$766.57
		Two-Party	\$1,293.20	\$224.46	\$1,517.66
		Family/KPF	\$1,293.20	\$675.12	\$1,968.32
Certificated	4	Single/K5S	\$925.08	\$97.01	\$766.57
		Two-Party	\$862.13	\$655.53	\$1,517.66
		Family	\$862.13	\$1,106.19	\$1,968.32
Certificated (9thly)	5 or more	Single/K5S	\$925.08	\$97.01	\$766.57
		Two-Party/K52	\$1,724.27	\$299.28	\$1,517.66
		Family/K5F	\$1,724.27	\$900.16	\$1,968.32

Benefit Type
Plan Name
Plan Effective

Blue Shield
 Gradvisor 529 College Savings Account 2025
 10/01/2024 - 09/30/2025

Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Employee Only	\$0.00	\$5.00	\$5.00

Benefit Type
Enabled Plan Name
2025 Plan Effective

Wellness Program - Coverage level
 11.99 Bright Dime Financial Wellness
 10/01/2024 - 09/30/2025

Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Employee Only	\$0.00	\$11.99	\$11.99

Benefit Type
Plan Name
Plan Effective

Dental
 2024 - 2025 Dental PPO
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any/DPN03	2-3	Single	\$49.21	\$99.85	\$111.80
		Two-Party	\$49.21	\$99.85	\$111.80
		Family	\$49.21	\$99.85	\$111.80
Classified DDP01 Superintendent/DDP 0 2	4	Single	\$55.37	\$56.43	\$111.80
		Two-Party	\$55.37	\$56.43	\$111.80
		Family	\$55.37	\$56.43	\$111.80
Classified Superintendent	5 or more	Single	\$110.73	\$1.07	\$111.80
		Two-Party	\$110.73	\$1.07	\$111.80
		Family	\$110.73	\$1.07	\$111.80
Certificated/DPN02	4	Single	\$98.43	\$50.64	\$111.80
		Two-Party	\$73.82	\$37.98	\$111.80
		Family	\$73.82	\$37.98	\$111.80
Certificated/DPN01	5 or more	Single	\$110.73	\$1.43	\$111.80
		Two-Party	\$110.73	\$1.43	\$111.80
		Family	\$110.73	\$1.43	\$111.80

Benefit Type
Plan Name
Plan Effective

Vision
 2024 - 2025 Vision Plan
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
Any (9thly)/VPP3	2-3	Single	\$3.73	\$15.14	\$15.55
		Two-Party	\$3.73	\$15.14	\$15.55
		Family	\$3.73	\$15.14	\$15.55
Classified Superintendent	4	Single	\$4.19	\$11.36	\$15.55
		Two-Party	\$4.19	\$11.36	\$15.55
		Family	\$4.19	\$11.36	\$15.55
Classified/VSP1 Superintendent/VSP2	5 or more	Single	\$8.38	\$7.17	\$15.55
		Two-Party	\$8.38	\$7.17	\$15.55
		Family	\$8.38	\$7.17	\$15.55
Certificated/VPP2	4	Single	\$5.59	\$11.36	\$15.55
		Two-Party	\$5.59	\$11.36	\$15.55
		Family	\$5.59	\$11.36	\$15.55
Certificated/VPP1	5 or more	Single	\$11.17	\$9.56	\$15.55
		Two-Party	\$11.17	\$9.56	\$15.55
		Family	\$11.17	\$9.56	\$15.55

Benefit Type
Plan Name
Plan Effective

Hearing
 Epic Hearing 2025
 10/01/2024 - 09/30/2025

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Single	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Plan Effective

Pharmacy
 2024 - 2025 CVS Pharmacy
 10/01/2024 - 09/30/2025

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Single	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Effective

Life
 2024 - 2025 Basic Life Plan
 10/01/2024 - 09/30/2025

Employee Class	Hours per Day	Coverage Level	ER (monthly)	EE (monthly)	Total (monthly)
		\$50,000	\$4.17	\$7.08	\$8.44
Certificated (9thly)	Under 3 (thrd)	\$100,000	\$3.13	\$13.75	\$16.88
		\$50,000	\$8.35	\$2.91	\$8.44
Certificated/ING (9thly)	4-3 (Half)	\$100,000	\$8.35	\$10.62	\$16.88
		\$50,000	\$8.44	\$0.00	\$8.44
Certificated (9thly)	5 or more (Full)	\$100,000	\$8.44	\$8.44	\$16.88
		\$50,000	\$4.69	\$3.75	\$8.44
Classified	4	\$100,000	\$4.69	\$12.19	\$16.88
		\$50,000	\$8.44	\$0.00	\$8.44
Classified	5 or more	\$100,000	\$16.88	\$0.00	\$16.88
		\$50,000	\$8.44	\$0.00	\$8.44
Superintendent	Any	\$100,000	\$16.88	\$0.00	\$16.88

Benefit Type
Plan Name
Plan Effective

Employee Assistance Program
 2024 - 2025 Employee Assistance Program
 10/01/2024 - 09/30/2025

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Single	\$0.00	\$0.00	\$0.00
Two-Party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name
Plan Effective

General Purpose Benefit
2024 - 2025 Go365 Wellness
10/01/2024 - 09/30/2025

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Employee Only	\$0.00	\$0.00	\$0.00

Benefit Type
Plan Name

General Purpose Benefit
CSEBA Wellness 2025 **Plan Effective** 10/01/2024 - 09/30/2025

Coverage Level	ER (nine times a year)	EE (nine times a year)	Total (nine times a year)
Employee Only	\$0.00	\$0.00	\$0.00