



**2024-25 HEALTH INSURANCE PLANS  
EMPLOYEE COST  
BCTA**

HUMAN RESOURCES  
530-532-5765  
Fax 530-532-5787

**BCOE Medical Cap Contribution: \$1,257.28**

**BCOE Dental Cap Contribution: \$109.00**

**BCOE Vision Cap Contribution: \$19.00**

**\*Employee monthly cost based on 12-month assignment**

**2024-25 Anthem Medical Plans**

<b>Plan Description</b>	<b>Employee Monthly Cost</b>	<b>Both Spouses Enrolled in SISC Coverage 25% premium discount</b>
80% G \$30	\$1,929 total premium less cap = <b>\$671.72/month</b>	-\$482 discount \$1,447 premium less cap = <b>\$189.72/month</b>
80% J \$30	\$1,721 total premium less cap = <b>\$463.72/month</b>	-\$430 discount \$1,291 premium less cap = <b>\$33.72/month</b>
80% M \$40	\$1,406 total premium less cap = <b>\$148.72/month</b>	-\$352 discount \$1,054 premium less cap = <b>\$203.28 rebate/mo</b>
HSA 1700	\$1,637 total premium less cap = <b>\$379.72/month</b>	-\$409 discount \$1,228 premium less cap = <b>\$29.28 rebate/mo</b>
HSA 5000	\$1,165 total premium less cap = <b>\$92.28 rebate/month</b>	-\$291 discount \$874 premium less cap = <b>\$383.28 rebate/mo</b>
MEC 9000	\$1,103 total premium less cap = <b>\$154.28 rebate/month</b>	-\$276 discount \$827 premium less cap = <b>\$430.28 rebate/mo</b>

**2024-25 Kaiser Medical Plan**

Traditional \$30 OV	\$1,925 total premium less cap = <b>\$667.72/month</b>	-\$481 discount \$1,444 premium less cap = <b>\$186.72/month</b>
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**2024-25 Delta Dental Plans**

PPO Plan 1 - \$50/\$150 \$1,200/\$1,000 Max – No Ortho	\$63 total premium less cap = <b>\$46 rebate/month</b>
PPO Plan 8 – No Deductible \$2,200/\$2,100 Max – No Ortho	\$104 total premium less cap = <b>\$5 rebate/month</b>
PPO Plan 10 – No Deductible \$2,200/\$2,100 Max – Includes Ortho	\$113 total premium less cap = <b>\$4/month</b>
PPO Plan 12 \$3,000/\$2,000 Max – Includes Ortho	\$130 total premium less cap = <b>\$21/month</b>

**2024-25 Vision Plans**

Plan 4 - \$10 Copay Frames – 1 per 24 months	\$19 total premium less cap = <b>\$0/month</b>
Plan 4X - \$10 Copay w/Covered Contacts Frames – 1 per 24 months	\$32 total premium less cap = <b>\$13/month</b>
Plan 8 - \$10 Copay Frames – 1 per 12 months	\$29 total premium less cap = <b>\$10/month</b>
Plan 8X - \$0 Copay w/Covered Contacts Frames – 1 per 12 months	\$42 total premium less cap = <b>\$23/month</b>