



**2024-25 HEALTH INSURANCE PLANS
EMPLOYEE COST
CSEA 736**

HUMAN RESOURCES
530-532-5765
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**BCOE Medical Cap Contribution: \$1,111.58
BCOE Dental Cap Contribution: \$95.00
BCOE Vision Cap Contribution: \$19.00**

2024-25 Anthem Medical Plans

Plan Description	Employee Monthly Cost	Both Spouses Enrolled in SISC Coverage 25% premium discount
80% J \$30	\$1,778 total premium less cap = \$666.42/month	-\$445 discount \$1,333 premium less cap = \$221.42/month
80% L \$30	\$1,615 total premium less cap = \$503.42/month	-\$404 discount \$1,211 premium less cap = \$99.42/month
80% M \$40	\$1,450 total premium less cap = \$338.42/month	-\$363 discount \$1,087 premium less cap = \$24.58 rebate/mo
HSA 1700	\$1,689 total premium less cap = \$577.42/month	-\$422 discount \$1,267 premium less cap = \$155.42/month
HSA 5000	\$1,199 total premium less cap = \$87.42/month	-\$300 discount \$899 premium less cap = \$212.58 rebate/mo
MEC 9000	\$1,135 total premium less cap = \$23.42/month	-\$284 discount \$851 premium less cap = \$260.58 rebate/mo

2024-25 Kaiser Medical Plan

HSA B \$3400	\$1,391 total premium less cap = \$279.42/month	-\$348 discount \$1,043 premium less cap = \$68.58 rebate/mo
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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 = \$32 rebate/month
PPO Plan 8 – No Deductible \$2,200/\$2,100 Max – No Ortho	\$104 total premium less cap = \$9/month
PPO Plan 10 – No Deductible \$2,200/\$2,100 Max – Includes Ortho	\$113 total premium less cap = \$18/month
PPO Plan 12 \$3,000/\$2,000 Max – Includes Ortho	\$130 total premium less cap = \$35/month

2024-25 Vision Plans

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