



Cañada College • College of San Mateo • Skyline College

2026 MONTHLY MEDICAL CONTRIBUTION RATES

REGION 1

See footer for Counties served

Effective: January 1, 2026 - December 31, 2026			
Plan Name	DED CODE	Coverage Level	Full Premium
HMO PLANS			
Anthem Blue Cross Select HMO	MAS	Employee Only	\$ 1,336.29
<i>Limited Counties, Not available in San Mateo County</i>		Employee + 1	\$ 2,672.58
		Employee + 2 or more	\$ 3,474.35
Anthem Blue Cross Traditional HMO	MAT	Employee Only	\$ 1,612.08
	<i>MTD</i>	Employee + 1	\$ 3,224.16
		Employee + 2 or more	\$ 4,191.41
Blue Shield Access+	MBS	Employee Only	\$ 1,301.95
	<i>MBD</i>	Employee + 1	\$ 2,603.90
		Employee + 2 or more	\$ 3,385.07
Blue Shield Trio HMO	MBT	Employee Only	\$ 1,166.58
<i>Limited Counties, Not available in San Mateo County</i>		Employee + 1	\$ 2,333.16
		Employee + 2 or more	\$ 3,033.11
Kaiser Permanente	MKN	Employee Only	\$ 1,168.86
	<i>MKD</i>	Employee + 1	\$ 2,337.72
		Employee + 2 or more	\$ 3,039.04
United Healthcare Signature Value Alliance	MUA	Employee Only	\$ 1,290.06
		Employee + 1	\$ 2,580.12
		Employee + 2 or more	\$ 3,354.16
United Healthcare Signature Value Harmony	MUV	Employee Only	\$ 1,133.09
<i>Not available in San Mateo County</i>		Employee + 1	\$ 2,266.18
<i>Limited Counties: Santa Clara, Santa Cruz</i>		Employee + 2 or more	\$ 2,946.03
Western Health Advantage HMO	MWH	Employee Only	\$ 969.58
<i>Limited Counties, Not available in San Mateo County</i>	<i>MWD</i>	Employee + 1	\$ 1,939.16
		Employee + 2 or more	\$ 2,520.91
PPO PLANS			
PERS GOLD PPO (Blue Shield)	MPG	Employee Only	\$ 1,120.58
<i>80/20 Plan, Limited Network</i>	<i>MGD</i>	Employee + 1	\$ 2,241.16
		Employee + 2 or more	\$ 2,913.51
PERS PLATINUM PPO (Blue Shield)	MPP	Employee Only	\$ 1,670.14
<i>90/10 Plan</i>	<i>MPD</i>	Employee + 1	\$ 3,340.28
		Employee + 2 or more	\$ 4,342.36

AFT (Part-Time Faculty)	
* Subject to change upon AFT's and the District's ratification of a successor contract	
Portion Paid by District	Employee Out of Pocket
\$ 1,168.86	\$ 167.43
\$ 2,057.19	\$ 615.39
\$ 2,674.36	\$ 799.99
\$ 1,168.86	\$ 443.22
\$ 2,057.19	\$ 1166.97
\$ 2,674.36	\$ 1517.05
\$ 1,168.86	\$ 133.09
\$ 2,057.19	\$ 546.71
\$ 2,674.36	\$ 710.71
\$ 1,166.58	\$ 0.00
\$ 2,057.19	\$ 275.97
\$ 2,674.36	\$ 358.75
\$ 1,168.86	\$ 0.00
\$ 2,057.19	\$ 280.53
\$ 2,674.36	\$ 364.68
\$ 1,168.86	\$ 121.20
\$ 2,057.19	\$ 522.93
\$ 2,674.36	\$ 679.80
\$ 1,133.09	\$ 0.00
\$ 2,057.19	\$ 208.99
\$ 2,674.36	\$ 271.67
\$ 969.58	\$ 0.00
\$ 1,939.16	\$ 0.00
\$ 2,520.91	\$ 0.00
\$ 1,120.58	\$ 0.00
\$ 2,057.19	\$ 183.97
\$ 2,674.36	\$ 239.15
\$ 1,168.86	\$ 501.28
\$ 2,057.19	\$ 1283.09
\$ 2,674.36	\$ 1668.00

Region 1 Serves Counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Ma Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, San



2026 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 2

(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura)

Effective: January 1, 2026 - December 31, 2026			AFT (Part-Time Faculty)	
			* Subject to change upon AFT's and the District's ratification of a successor contract	
Plan Name	Coverage Level	Full Premium	District Share	Out of Pocket Aug-Dec or Sep-Dec
HMO PLANS				
Anthem Blue Cross Select HMO	Employee Only	\$ 1,016.32	\$ 987.69	\$ 28.63
<i>Limited Network</i>	Employee + 1	\$ 2,032.64	\$ 1,738.33	\$ 294.31
	Employee + 2 or more	\$ 2,642.43	\$ 2,259.83	\$ 382.60
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,158.26	\$ 987.69	\$ 170.57
	Employee + 1	\$ 2,316.52	\$ 1,738.33	\$ 578.19
	Employee + 2 or more	\$ 3,011.48	\$ 2,259.83	\$ 751.65
Blue Shield Access+ HMO & EPO	Employee Only	\$ 1,052.89	\$ 987.69	\$ 65.20
	Employee + 1	\$ 2,105.78	\$ 1,738.33	\$ 367.45
	Employee + 2 or more	\$ 2,737.51	\$ 2,259.83	\$ 477.68
Blue Shield Trio HMO	Employee Only	\$ 936.58	\$ 936.58	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,873.16	\$ 1,738.33	\$ 134.83
	Employee + 2 or more	\$ 2,435.11	\$ 2,259.83	\$ 175.28
Health Net Salud y Mas	Employee Only	\$ 879.57	\$ 879.57	\$ 0.00
	Employee + 1	\$ 1,759.14	\$ 1,738.33	\$ 20.81
	Employee + 2 or more	\$ 2,286.88	\$ 2,259.83	\$ 27.05
Kaiser Permanente	Employee Only	\$ 987.69	\$ 987.69	\$ 0.00
	Employee + 1	\$ 1,975.38	\$ 1,738.33	\$ 237.05
	Employee + 2 or more	\$ 2,567.99	\$ 2,259.83	\$ 308.16
Sharp Performance Plus	Employee Only	\$ 916.20	\$ 916.20	\$ 0.00
	Employee + 1	\$ 1,832.40	\$ 1,738.33	\$ 94.07
	Employee + 2 or more	\$ 2,382.12	\$ 2,259.83	\$ 122.29
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 950.99	\$ 950.99	\$ 0.00
	Employee + 1	\$ 1,901.98	\$ 1,738.33	\$ 163.65
	Employee + 2 or more	\$ 2,472.57	\$ 2,259.83	\$ 212.74
UnitedHealthcare SignatureValue Harmony	Employee Only	\$ 857.14	\$ 857.14	\$ 0.00
<i>Available in 5 counties in So. California: Los Angeles</i>	Employee + 1	\$ 1,714.28	\$ 1,714.28	\$ 0.00
<i>Orange, Riverside, San Bernardino & San Diego</i>	Employee + 2 or more	\$ 2,228.56	\$ 2,228.56	\$ 0.00
PPO PLANS				
PERS GOLD PPO	Employee Only	\$ 956.28	\$ 956.28	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,912.56	\$ 1,738.33	\$ 174.23
	Employee + 2 or more	\$ 2,486.33	\$ 2,259.83	\$ 226.50
PERS PLATINUM PPO	Employee Only	\$ 1,426.24	\$ 987.69	\$ 438.55
<i>90/10 Plan</i>	Employee + 1	\$ 2,852.48	\$ 1,738.33	\$ 1,114.15
	Employee + 2 or more	\$ 3,708.22	\$ 2,259.83	\$ 1,448.39



**2026 MONTHLY MEDICAL CONTRIBUTION AMOUNT -
REGION 3
(Los Angeles, Riverside, San Bernardino)**

Effective: January 1, 2026 - December 31, 2026

Effective: January 1, 2026 - December 31, 2026			AFT (Part-Time Faculty) <i>* Subject to change upon AFT's and the District's ratification of a successor contract</i>	
Plan Name	Coverage Level	Full Premium	Portion Paid by District	Out of Pocket Aug-Dec or Sep-Dec
HMO PLANS				
Anthem Blue Cross Select HMO	Employee Only	\$ 962.68	\$ 962.68	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,925.36	\$ 1705.53	\$ 219.83
	Employee + 2 or more	\$ 2,502.97	\$ 2217.19	\$ 285.78
Anthem Blue Cross Traditional HMO	Employee Only	\$ 1,128.53	\$ 969.05	\$ 159.48
	Employee + 1	\$ 2,257.06	\$ 1705.53	\$ 551.53
	Employee + 2 or more	\$ 2,934.18	\$ 2217.19	\$ 716.99
Blue Shield Access+ HMO	Employee Only	\$ 917.91	\$ 917.91	\$ 0.00
	Employee + 1	\$ 1,835.82	\$ 1705.53	\$ 130.29
	Employee + 2 or more	\$ 2,386.57	\$ 2217.19	\$ 169.38
Blue Shield Trio HMO	Employee Only	\$ 852.56	\$ 852.56	\$ 0.00
<i>Limited Network</i>	Employee + 1	\$ 1,705.12	\$ 1705.12	\$ 0.00
	Employee + 2 or more	\$ 2,216.66	\$ 2216.66	\$ 0.00
Health Net Salud y Mas	Employee Only	\$ 740.11	\$ 740.11	\$ 0.00
	Employee + 1	\$ 1,480.22	\$ 1480.22	\$ 0.00
	Employee + 2 or more	\$ 1,924.29	\$ 1924.29	\$ 0.00
Kaiser Permanente	Employee Only	\$ 969.05	\$ 969.05	\$ 0.00
	Employee + 1	\$ 1,938.10	\$ 1705.53	\$ 232.57
	Employee + 2 or more	\$ 2,519.53	\$ 2217.19	\$ 302.34
UnitedHealthcare SignatureValue Alliance	Employee Only	\$ 870.76	\$ 870.76	\$ 0.00
	Employee + 1	\$ 1,741.52	\$ 1705.53	\$ 35.99
	Employee + 2 or more	\$ 2,263.98	\$ 2217.19	\$ 46.79
UnitedHealthcare SignatureValue Harmony	Employee Only	\$ 765.51	\$ 765.51	\$ 0.00
<i>Limited Counties: Los Angeles</i>	Employee + 1	\$ 1,531.02	\$ 1531.02	\$ 0.00
<i>Orange, Riverside, San Bernardino & San Diego</i>	Employee + 2 or more	\$ 1,990.33	\$ 1990.33	\$ 0.00
PPO PLANS				
PERS GOLD PPO	Employee Only	\$ 960.03	\$ 960.03	\$ 0.00
<i>80/20 Plan, Limited Network</i>	Employee + 1	\$ 1,920.06	\$ 1705.53	\$ 214.53
	Employee + 2 or more	\$ 2,496.08	\$ 2217.19	\$ 278.89
PERS PLATINUM PPO	Employee Only	\$ 1,431.81	\$ 969.05	\$ 462.76
<i>90/10 Plan</i>	Employee + 1	\$ 2,863.62	\$ 1705.53	\$ 1158.09
	Employee + 2 or more	\$ 3,722.71	\$ 2217.19	\$ 1505.52