SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

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	ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/ CONFIDENTIAL		CLASSIFIED EXEMPT SUPERVISORY		TRUSTEES	
				Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket	Portion Paid by District	Employee Out of Pocket
HMO PLANS															
Anthem Blue Cross Select HMO	**MAS**	Employee Only	$ 1,336.29	$ 1,112.90	***$ 223.39***	$ 1,112.90	***$ 223.39***	$ 1,112.90	***$ 223.39***	$ 1,112.90	***$ 223.39***	$ 1,112.90	***$ 223.39***	$ 789.00	***$ 547.29***
Limited Counties, Not available in San Mateo County		Employee + 1	$ 2,672.58	$ 2,008.32	***$ 664.26***	$ 2,008.32	***$ 664.26***	$ 2,008.32	***$ 664.26***	$ 2,008.32	***$ 664.26***	$ 2,008.32	***$ 664.26***	$ 1,312.00	***$ 1360.58***
		Employee + 2 or more	$ 3,474.35	$ 2,603.82	***$ 870.53***	$ 2,603.82	***$ 870.53***	$ 2,603.82	***$ 870.53***	$ 2,603.82	***$ 870.53***	$ 2,603.82	***$ 870.53***	$ 1,717.00	***$ 1757.35***
Anthem Blue Cross Traditional HMO	**MAT**	Employee Only	$ 1,612.08	$ 1,112.90	***$ 499.18***	$ 1,112.90	***$ 499.18***	$ 1,112.90	***$ 499.18***	$ 1,112.90	***$ 499.18***	$ 1,112.90	***$ 499.18***	$ 789.00	***$ 823.08***
	MTD	Employee + 1	$ 3,224.16	$ 2,008.32	***$ 1215.84***	$ 2,008.32	***$ 1215.84***	$ 2,008.32	***$ 1215.84***	$ 2,008.32	***$ 1215.84***	$ 2,008.32	***$ 1215.84***	$ 1,312.00	***$ 1912.16***
		Employee + 2 or more	$ 4,191.41	$ 2,603.82	***$ 1587.59***	$ 2,603.82	***$ 1587.59***	$ 2,603.82	***$ 1587.59***	$ 2,603.82	***$ 1587.59***	$ 2,603.82	***$ 1587.59***	$ 1,717.00	***$ 2474.41***
Blue Shield Access+	**MBS**	Employee Only	$ 1,301.95	$ 1,112.90	***$ 189.05***	$ 1,112.90	***$ 189.05***	$ 1,112.90	***$ 189.05***	$ 1,112.90	***$ 189.05***	$ 1,112.90	***$ 189.05***	$ 789.00	***$ 512.95***
	MBD	Employee + 1	$ 2,603.90	$ 2,008.32	***$ 595.58***	$ 2,008.32	***$ 595.58***	$ 2,008.32	***$ 595.58***	$ 2,008.32	***$ 595.58***	$ 2,008.32	***$ 595.58***	$ 1,312.00	***$ 1291.90***
		Employee + 2 or more	$ 3,385.07	$ 2,603.82	***$ 781.25***	$ 2,603.82	***$ 781.25***	$ 2,603.82	***$ 781.25***	$ 2,603.82	***$ 781.25***	$ 2,603.82	***$ 781.25***	$ 1,717.00	***$ 1668.07***
Blue Shield Trio HMO	**MBT**	Employee Only	$ 1,166.58	$ 1,112.90	***$ 53.68***	$ 1,112.90	***$ 53.68***	$ 1,112.90	***$ 53.68***	$ 1,112.90	***$ 53.68***	$ 1,112.90	***$ 53.68***	$ 789.00	***$ 377.58***
Limited Counties, Not available in San Mateo County		Employee + 1	$ 2,333.16	$ 2,008.32	***$ 324.84***	$ 2,008.32	***$ 324.84***	$ 2,008.32	***$ 324.84***	$ 2,008.32	***$ 324.84***	$ 2,008.32	***$ 324.84***	$ 1,312.00	***$ 1021.16***
		Employee + 2 or more	$ 3,033.11	$ 2,603.82	***$ 429.29***	$ 2,603.82	***$ 429.29***	$ 2,603.82	***$ 429.29***	$ 2,603.82	***$ 429.29***	$ 2,603.82	***$ 429.29***	$ 1,717.00	***$ 1316.11***
Kaiser Permanente	**MKN**	Employee Only	$ 1,168.86	$ 1,112.90	***$ 55.96***	$ 1,112.90	***$ 55.96***	$ 1,112.90	***$ 55.96***	$ 1,112.90	***$ 55.96***	$ 1,112.90	***$ 55.96***	$ 789.00	***$ 379.86***
	MKD	Employee + 1	$ 2,337.72	$ 2,008.32	***$ 329.40***	$ 2,008.32	***$ 329.40***	$ 2,008.32	***$ 329.40***	$ 2,008.32	***$ 329.40***	$ 2,008.32	***$ 329.40***	$ 1,312.00	***$ 1025.72***
		Employee + 2 or more	$ 3,039.04	$ 2,603.82	***$ 435.22***	$ 2,603.82	***$ 435.22***	$ 2,603.82	***$ 435.22***	$ 2,603.82	***$ 435.22***	$ 2,603.82	***$ 435.22***	$ 1,717.00	***$ 1322.04***
United Healthcare Signature Value Alliance	**MUA**	Employee Only	$ 1,290.06	$ 1,112.90	***$ 177.16***	$ 1,112.90	***$ 177.16***	$ 1,112.90	***$ 177.16***	$ 1,112.90	***$ 177.16***	$ 1,112.90	***$ 177.16***	$ 789.00	***$ 501.06***
		Employee + 1	$ 2,580.12	$ 2,008.32	***$ 571.80***	$ 2,008.32	***$ 571.80***	$ 2,008.32	***$ 571.80***	$ 2,008.32	***$ 571.80***	$ 2,008.32	***$ 571.80***	$ 1,312.00	***$ 1268.12***
		Employee + 2 or more	$ 3,354.16	$ 2,603.82	***$ 750.34***	$ 2,603.82	***$ 750.34***	$ 2,603.82	***$ 750.34***	$ 2,603.82	***$ 750.34***	$ 2,603.82	***$ 750.34***	$ 1,717.00	***$ 1637.16***
United Healthcare Signature Value Harmony	**MUV**	Employee Only	$ 1,133.09	$ 1,112.90	***$ 20.19***	$ 1,112.90	***$ 20.19***	$ 1,112.90	***$ 20.19***	$ 1,112.90	***$ 20.19***	$ 1,112.90	***$ 20.19***	$ 789.00	***$ 344.09***
Not available in San Mateo County		Employee + 1	$ 2,266.18	$ 2,008.32	***$ 257.86***	$ 2,008.32	***$ 257.86***	$ 2,008.32	***$ 257.86***	$ 2,008.32	***$ 257.86***	$ 2,008.32	***$ 257.86***	$ 1,312.00	***$ 954.18***
Limited Counties: Santa Clara, Santa Cruz		Employee + 2 or more	$ 2,946.03	$ 2,603.82	***$ 342.21***	$ 2,603.82	***$ 342.21***	$ 2,603.82	***$ 342.21***	$ 2,603.82	***$ 342.21***	$ 2,603.82	***$ 342.21***	$ 1,717.00	***$ 1229.03***
Western Health Advantage HMO	**MWH**	Employee Only	$ 969.58	$ 969.58	***$ 0.00***	$ 969.58	***$ 0.00***	$ 969.58	***$ 0.00***	$ 969.58	***$ 0.00***	$ 969.58	***$ 0.00***	$ 789.00	***$ 180.58***
Limited Counties, Not available in San Mateo County	*MWD*	Employee + 1	$ 1,939.16	$ 1,939.16	***$ 0.00***	$ 1,939.16	***$ 0.00***	$ 1,939.16	***$ 0.00***	$ 1,939.16	***$ 0.00***	$ 1,939.16	***$ 0.00***	$ 1,312.00	***$ 627.16***
		Employee + 2 or more	$ 2,520.91	$ 2,520.91	***$ 0.00***	$ 2,520.91	***$ 0.00***	$ 2,520.91	***$ 0.00***	$ 2,520.91	***$ 0.00***	$ 2,520.91	***$ 0.00***	$ 1,717.00	***$ 803.91***
PPO PLANS															
PERS GOLD PPO (Blue Shield)	**MPG**	Employee Only	$ 1,120.58	$ 1,112.90	***$ 7.68***	$ 1,112.90	***$ 7.68***	$ 1,112.90	***$ 7.68***	$ 1,112.90	***$ 7.68***	$ 1,112.90	***$ 7.68***	$ 789.00	***$ 331.58***
80/20 Plan, Limited Network	*MGD*	Employee + 1	$ 2,241.16	$ 2,008.32	***$ 232.84***	$ 2,008.32	***$ 232.84***	$ 2,008.32	***$ 232.84***	$ 2,008.32	***$ 232.84***	$ 2,008.32	***$ 232.84***	$ 1,312.00	***$ 929.16***
		Employee + 2 or more	$ 2,913.51	$ 2,603.82	***$ 309.69***	$ 2,603.82	***$ 309.69***	$ 2,603.82	***$ 309.69***	$ 2,603.82	***$ 309.69***	$ 2,603.82	***$ 309.69***	$ 1,717.00	***$ 1196.51***
PERS PLATINUM PPO (Blue Shield)	**MPP**	Employee Only	$ 1,670.14	$ 1,112.90	***$ 557.24***	$ 1,112.90	***$ 557.24***	$ 1,112.90	***$ 557.24***	$ 1,112.90	***$ 557.24***	$ 1,112.90	***$ 557.24***	$ 789.00	***$ 881.14***
90/10 Plan	*MPD*	Employee + 1	$ 3,340.28	$ 2,008.32	***$ 1331.96***	$ 2,008.32	***$ 1331.96***	$ 2,008.32	***$ 1331.96***	$ 2,008.32	***$ 1331.96***	$ 2,008.32	***$ 1331.96***	$ 1,312.00	***$ 2028.28***
		Employee + 2 or more	$ 4,342.36	$ 2,603.82	***$ 1738.54***	$ 2,603.82	***$ 1738.54***	$ 2,603.82	***$ 1738.54***	$ 2,603.82	***$ 1738.54***	$ 2,603.82	***$ 1738.54***	$ 1,717.00	***$ 2625.36***

Region 1 Serves Counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc,

Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

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				AFT (Full-Time Faculty) * Subject to change upon AFT's and the District's ratification of a successor contract		
Plan Name	**DED CODE**	**Coverage Level**	**Full Premium**	**Portion Paid by District**	**Out of Pocket Aug-Dec or Sep-Dec**	**Out of Pocket for Jan-May or Feb-Jun**
HMO PLANS						
Anthem Blue Cross Select HMO	**MAS**	Employee Only	$ 1,336.29	$ 1,168.86	***$ 167.43***	***$ 234.40***
Limited Counties, Not available in San Mateo County		Employee + 1	$ 2,672.58	$ 2,057.19	***$ 615.39***	***$ 861.55***
		Employee + 2 or more	$ 3,474.35	$ 2,674.36	***$ 799.99***	***$ 1119.99***
Anthem Blue Cross Traditional HMO	**MAT**	Employee Only	$ 1,612.08	$ 1,168.86	***$ 443.22***	***$ 620.51***
	MTD	Employee + 1	$ 3,224.16	$ 2,057.19	***$ 1166.97***	***$ 1633.76***
		Employee + 2 or more	$ 4,191.41	$ 2,674.36	***$ 1517.05***	***$ 2123.87***
Blue Shield Access+	**MBS**	Employee Only	$ 1,301.95	$ 1,168.86	***$ 133.09***	***$ 186.33***
	MBD	Employee + 1	$ 2,603.90	$ 2,057.19	***$ 546.71***	***$ 765.39***
		Employee + 2 or more	$ 3,385.07	$ 2,674.36	***$ 710.71***	***$ 994.99***
Blue Shield Trio HMO	**MBT**	Employee Only	$ 1,166.58	$ 1,166.58	***$ 0.00***	***$ 0.00***
Limited Counties, Not available in San Mateo County		Employee + 1	$ 2,333.16	$ 2,057.19	***$ 275.97***	***$ 386.36***
		Employee + 2 or more	$ 3,033.11	$ 2,674.36	***$ 358.75***	***$ 502.25***
Kaiser Permanente	**MKN**	Employee Only	$ 1,168.86	$ 1,168.86	***$ 0.00***	***$ 0.00***
	MKD	Employee + 1	$ 2,337.72	$ 2,057.19	***$ 280.53***	***$ 392.74***
		Employee + 2 or more	$ 3,039.04	$ 2,674.36	***$ 364.68***	***$ 510.55***
United Healthcare Signature Value Alliance	**MUA**	Employee Only	$ 1,290.06	$ 1,168.86	***$ 121.20***	***$ 169.68***
		Employee + 1	$ 2,580.12	$ 2,057.19	***$ 522.93***	***$ 732.10***
		Employee + 2 or more	$ 3,354.16	$ 2,674.36	***$ 679.80***	***$ 951.72***
United Healthcare Signature Value Harmony	**MUV**	Employee Only	$ 1,133.09	$ 1,133.09	***$ 0.00***	***$ 0.00***
Not available in San Mateo County		Employee + 1	$ 2,266.18	$ 2,057.19	***$ 208.99***	***$ 292.59***
Limited Counties: Santa Clara, Santa Cruz		Employee + 2 or more	$ 2,946.03	$ 2,674.36	***$ 271.67***	***$ 380.34***
Western Health Advantage HMO	**MWH**	Employee Only	$ 969.58	$ 969.58	***$ 0.00***	***$ 0.00***
Limited Counties, Not available in San Mateo County	*MWD*	Employee + 1	$ 1,939.16	$ 1,939.16	***$ 0.00***	***$ 0.00***
		Employee + 2 or more	$ 2,520.91	$ 2,520.91	***$ 0.00***	***$ 0.00***
PPO PLANS						
PERS GOLD PPO (Blue Shield)	**MPG**	Employee Only	$ 1,120.58	$ 1,120.58	***$ 0.00***	***$ 0.00***
80/20 Plan, Limited Network	*MGD*	Employee + 1	$ 2,241.16	$ 2,057.19	***$ 183.97***	***$ 257.56***
		Employee + 2 or more	$ 2,913.51	$ 2,674.36	***$ 239.15***	***$ 334.81***
PERS PLATINUM PPO (Blue Shield)	**MPP**	Employee Only	$ 1,670.14	$ 1,168.86	***$ 501.28***	***$ 701.79***
90/10 Plan	*MPD*	Employee + 1	$ 3,340.28	$ 2,057.19	***$ 1283.09***	***$ 1796.33***
		Employee + 2 or more	$ 4,342.36	$ 2,674.36	***$ 1668.00***	***$ 2335.20***

Region 1 Serves Counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, M

Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, S

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Cañada College • College of San Mateo • Skyline College

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			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES	
Plan Name	***Coverage Level***	***Full Premium***	***District Share***	***Employee Out of Pocket***	***District Share***	***Employee Out of Pocket***	***District Share***	***Employee Out of Pocket***	***District Share***	***Employee Out of Pocket***	***District Share***	***Employee Out of Pocket***	***District Share***	***Employee Out of Pocket***
HMO PLANS														
Anthem Blue Cross Select HMO	Employee Only	$ 1,016.32	$ 1,016.32	***$ 0.00***	$ 1,016.32	***$ 0.00***	$ 1,016.32	***$ 0.00***	$ 1,016.32	***$ 0.00***	$ 1,112.90	***$ 0.00***	$ 789.00	***$ 227.32***
Limited Network	Employee + 1	$ 2,032.64	$ 2,008.32	***$ 24.32***	$ 2,008.32	***$ 24.32***	$ 2,008.32	***$ 24.32***	$ 2,008.32	***$ 24.32***	$ 2,008.32	***$ 24.32***	$ 1,312.00	***$ 720.64***
	Employee + 2 or more	$ 2,642.43	$ 2,603.82	***$ 38.61***	$ 2,603.82	***$ 38.61***	$ 2,603.82	***$ 38.61***	$ 2,603.82	***$ 38.61***	$ 2,603.82	***$ 38.61***	$ 1,717.00	***$ 925.43***
Anthem Blue Cross Traditional HMO	Employee Only	$ 1,158.26	$ 1,112.90	***$ 45.36***	$ 1,112.90	***$ 45.36***	$ 1,112.90	***$ 45.36***	$ 1,112.90	***$ 45.36***	$ 1,112.90	***$ 45.36***	$ 789.00	***$ 369.26***
	Employee + 1	$ 2,316.52	$ 2,008.32	***$ 308.20***	$ 2,008.32	***$ 308.20***	$ 2,008.32	***$ 308.20***	$ 2,008.32	***$ 308.20***	$ 2,008.32	***$ 308.20***	$ 1,312.00	***$ 1004.52***
	Employee + 2 or more	$ 3,011.48	$ 2,603.82	***$ 407.66***	$ 2,603.82	***$ 407.66***	$ 2,603.82	***$ 407.66***	$ 2,603.82	***$ 407.66***	$ 2,603.82	***$ 407.66***	$ 1,717.00	***$ 1294.48***
Blue Shield Access+ HMO & EPO	Employee Only	$ 1,052.89	$ 1,052.89	***$ 0.00***	$ 1,052.89	***$ 0.00***	$ 1,052.89	***$ 0.00***	$ 1,052.89	***$ 0.00***	$ 1,052.89	***$ 0.00***	$ 789.00	***$ 263.89***
	Employee + 1	$ 2,105.78	$ 2,008.32	***$ 97.46***	$ 2,008.32	***$ 97.46***	$ 2,008.32	***$ 97.46***	$ 2,008.32	***$ 97.46***	$ 2,008.32	***$ 97.46***	$ 1,312.00	***$ 793.78***
	Employee + 2 or more	$ 2,737.51	$ 2,603.82	***$ 133.69***	$ 2,603.82	***$ 133.69***	$ 2,603.82	***$ 133.69***	$ 2,603.82	***$ 133.69***	$ 2,603.82	***$ 133.69***	$ 1,717.00	***$ 1020.51***
Blue Shield Trio HMO	Employee Only	$ 936.58	$ 936.58	***$ 0.00***	$ 936.58	***$ 0.00***	$ 936.58	***$ 0.00***	$ 936.58	***$ 0.00***	$ 936.58	***$ 0.00***	$ 789.00	***$ 147.58***
Limited Network	Employee + 1	$ 1,873.16	$ 1,873.16	***$ 0.00***	$ 1,873.16	***$ 0.00***	$ 1,873.16	***$ 0.00***	$ 1,873.16	***$ 0.00***	$ 1,873.16	***$ 0.00***	$ 1,312.00	***$ 561.16***
	Employee + 2 or more	$ 2,435.11	$ 2,435.11	***$ 0.00***	$ 2,435.11	***$ 0.00***	$ 2,435.11	***$ 0.00***	$ 2,435.11	***$ 0.00***	$ 2,435.11	***$ 0.00***	$ 1,717.00	***$ 718.11***
Health Net Salud y Mas	Employee Only	$ 879.57	$ 879.57	***$ 0.00***	$ 879.57	***$ 0.00***	$ 879.57	***$ 0.00***	$ 879.57	***$ 0.00***	$ 879.57	***$ 0.00***	$ 789.00	***$ 90.57***
	Employee + 1	$ 1,759.14	$ 1,759.14	***$ 0.00***	$ 1,759.14	***$ 0.00***	$ 1,759.14	***$ 0.00***	$ 1,759.14	***$ 0.00***	$ 1,759.14	***$ 0.00***	$ 1,312.00	***$ 447.14***
	Employee + 2 or more	$ 2,286.88	$ 2,286.88	***$ 0.00***	$ 2,286.88	***$ 0.00***	$ 2,286.88	***$ 0.00***	$ 2,286.88	***$ 0.00***	$ 2,286.88	***$ 0.00***	$ 1,717.00	***$ 569.88***
Kaiser Permanente	Employee Only	$ 987.69	$ 987.69	***$ 0.00***	$ 987.69	***$ 0.00***	$ 987.69	***$ 0.00***	$ 987.69	***$ 0.00***	$ 987.69	***$ 0.00***	$ 789.00	***$ 198.69***
	Employee + 1	$ 1,975.38	$ 1,975.38	***$ 0.00***	$ 1,975.38	***$ 0.00***	$ 1,975.38	***$ 0.00***	$ 1,975.38	***$ 0.00***	$ 1,975.38	***$ 0.00***	$ 1,312.00	***$ 663.38***
	Employee + 2 or more	$ 2,567.99	$ 2,567.99	***$ 0.00***	$ 2,567.99	***$ 0.00***	$ 2,567.99	***$ 0.00***	$ 2,567.99	***$ 0.00***	$ 2,567.99	***$ 0.00***	$ 1,717.00	***$ 850.99***
Sharp Performance Plus	Employee Only	$ 916.20	$ 916.20	***$ 0.00***	$ 916.20	***$ 0.00***	$ 916.20	***$ 0.00***	$ 916.20	***$ 0.00***	$ 916.20	***$ 0.00***	$ 789.00	***$ 127.20***
	Employee + 1	$ 1,832.40	$ 1,832.40	***$ 0.00***	$ 1,832.40	***$ 0.00***	$ 1,832.40	***$ 0.00***	$ 1,832.40	***$ 0.00***	$ 1,832.40	***$ 0.00***	$ 1,312.00	***$ 520.40***
	Employee + 2 or more	$ 2,382.12	$ 2,382.12	***$ 0.00***	$ 2,382.12	***$ 0.00***	$ 2,382.12	***$ 0.00***	$ 2,382.12	***$ 0.00***	$ 2,382.12	***$ 0.00***	$ 1,717.00	***$ 665.12***
UnitedHealthcare SignatureValue Alliance	Employee Only	$ 950.99	$ 950.99	***$ 0.00***	$ 950.99	***$ 0.00***	$ 950.99	***$ 0.00***	$ 950.99	***$ 0.00***	$ 950.99	***$ 0.00***	$ 789.00	***$ 161.99***
	Employee + 1	$ 1,901.98	$ 1,901.98	***$ 0.00***	$ 1,901.98	***$ 0.00***	$ 1,901.98	***$ 0.00***	$ 1,901.98	***$ 0.00***	$ 1,901.98	***$ 0.00***	$ 1,312.00	***$ 589.98***
	Employee + 2 or more	$ 2,472.57	$ 2,472.57	***$ 0.00***	$ 2,472.57	***$ 0.00***	$ 2,472.57	***$ 0.00***	$ 2,472.57	***$ 0.00***	$ 2,472.57	***$ 0.00***	$ 1,717.00	***$ 755.57***
UnitedHealthcare SignatureValue Harmony	Employee Only	$ 857.14	$ 857.14	***$ 0.00***	$ 857.14	***$ 0.00***	$ 857.14	***$ 0.00***	$ 857.14	***$ 0.00***	$ 857.14	***$ 0.00***	$ 789.00	***$ 68.14***
Available in 5 counties in So. California: Los Angeles	Employee + 1	$ 1,714.28	$ 1,714.28	***$ 0.00***	$ 1,714.28	***$ 0.00***	$ 1,714.28	***$ 0.00***	$ 1,714.28	***$ 0.00***	$ 1,714.28	***$ 0.00***	$ 1,312.00	***$ 402.28***
Orange, Riverside, San Bernardino & San Diego	Employee + 2 or more	$ 2,228.56	$ 2,228.56	***$ 0.00***	$ 2,228.56	***$ 0.00***	$ 2,228.56	***$ 0.00***	$ 2,228.56	***$ 0.00***	$ 2,228.56	***$ 0.00***	$ 1,717.00	***$ 511.56***
PPO PLANS														
PERS GOLD PPO	Employee Only	$ 956.28	$ 956.28	***$ 0.00***	$ 956.28	***$ 0.00***	$ 956.28	***$ 0.00***	$ 956.28	***$ 0.00***	$ 956.28	***$ 0.00***	$ 789.00	***$ 167.28***
80/20 Plan, Limited Network	Employee + 1	$ 1,912.56	$ 1,912.56	***$ 0.00***	$ 1,912.56	***$ 0.00***	$ 1,912.56	***$ 0.00***	$ 1,912.56	***$ 0.00***	$ 1,912.56	***$ 0.00***	$ 1,312.00	***$ 600.56***
	Employee + 2 or more	$ 2,486.33	$ 2,486.33	***$ 0.00***	$ 2,486.33	***$ 0.00***	$ 2,486.33	***$ 0.00***	$ 2,486.33	***$ 0.00***	$ 2,486.33	***$ 0.00***	$ 1,717.00	***$ 769.33***
PERS PLATINUM PPO	Employee Only	$ 1,426.24	$ 1,112.90	***$ 313.34***	$ 1,112.90	***$ 313.34***	$ 1,112.90	***$ 313.34***	$ 1,112.90	***$ 313.34***	$ 1,112.90	***$ 313.34***	$ 789.00	***$ 637.24***
90/10 Plan	Employee + 1	$ 2,852.48	$ 2,008.32	***$ 844.16***	$ 2,008.32	***$ 844.16***	$ 2,008.32	***$ 844.16***	$ 2,008.32	***$ 844.16***	$ 2,008.32	***$ 844.16***	$ 1,312.00	***$ 1540.48***
	Employee + 2 or more	$ 3,708.22	$ 2,603.82	***$ 1104.40***	$ 2,603.82	***$ 1104.40***	$ 2,603.82	***$ 1104.40***	$ 2,603.82	***$ 1104.40***	$ 2,603.82	***$ 1104.40***	$ 1,717.00	***$ 1991.22***

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Cañada College • College of San Mateo • Skyline College

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

Plan Name	Coverage Level	Full Premium	AFT (Full-Time Faculty) * Subject to change upon AFT's and the District's ratification of a successor contract: District Share	Out of Pocket Aug-Dec or Sep-Dec	Out of Pocket for Jan-May or Feb-Jun
HMO PLANS					
Anthem Blue Cross Select HMO	Employee Only	$ 1,016.32	$ 987.69	***$ 28.63***	***$40.08***
Limited Network	Employee + 1	$ 2,032.64	$ 1,738.33	***$ 294.31***	***$412.03***
	Employee + 2 or more	$ 2,642.43	$ 2,259.83	***$ 382.60***	***$535.64***
Anthem Blue Cross Traditional HMO	Employee Only	$ 1,158.26	$ 987.69	***$ 170.57***	***$ 238.80***
	Employee + 1	$ 2,316.52	$ 1,738.33	***$ 578.19***	***$ 809.46***
	Employee + 2 or more	$ 3,011.48	$ 2,259.83	***$ 751.65***	***$ 1052.31***
Blue Shield Access+ HMO & EPO	Employee Only	$ 1,052.89	$ 987.69	***$ 65.20***	***$ 91.28***
	Employee + 1	$ 2,105.78	$ 1,738.33	***$ 367.45***	***$ 514.42***
	Employee + 2 or more	$ 2,737.51	$ 2,259.83	***$ 477.68***	***$ 668.75***
Blue Shield Trio HMO	Employee Only	$ 936.58	$ 936.58	***$ 0.00***	***$ 0.00***
Limited Network	Employee + 1	$ 1,873.16	$ 1,738.33	***$ 134.83***	***$ 188.76***
	Employee + 2 or more	$ 2,435.11	$ 2,259.83	***$ 175.28***	***$ 245.39***
Health Net Salud y Mas	Employee Only	$ 879.57	$ 879.57	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,759.14	$ 1,738.33	***$ 20.81***	***$ 29.13***
	Employee + 2 or more	$ 2,286.88	$ 2,259.83	***$ 27.05***	***$ 37.87***
Kaiser Permanente	Employee Only	$ 987.69	$ 987.69	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,975.38	$ 1,738.33	***$ 237.05***	***$ 331.86***
	Employee + 2 or more	$ 2,567.99	$ 2,259.83	***$ 308.16***	***$ 431.42***
Sharp Performance Plus	Employee Only	$ 916.20	$ 916.20	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,832.40	$ 1,738.33	***$ 94.07***	***$ 131.69***
	Employee + 2 or more	$ 2,382.12	$ 2,259.83	***$ 122.29***	***$ 171.20***
UnitedHealthcare SignatureValue Alliance	Employee Only	$ 950.99	$ 950.99	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,901.98	$ 1,738.33	***$ 163.65***	***$ 229.10***
	Employee + 2 or more	$ 2,472.57	$ 2,259.83	***$ 212.74***	***$ 297.83***
UnitedHealthcare SignatureValue Harmony	Employee Only	$ 857.14	$ 857.14	***$ 0.00***	***$ 0.00***
Available in 5 counties in So. California: Los Angeles	Employee + 1	$ 1,714.28	$ 1,714.28	***$ 0.00***	***$ 0.00***
Orange, Riverside, San Bernardino & San Diego	Employee + 2 or more	$ 2,228.56	$ 2,228.56	***$ 0.00***	***$ 0.00***
PPO PLANS					
PERS GOLD PPO	Employee Only	$ 956.28	$ 956.28	***$ 0.00***	***$ 0.00***
80/20 Plan, Limited Network	Employee + 1	$ 1,912.56	$ 1,912.56	***$ 0.00***	***$ 0.00***
	Employee + 2 or more	$ 2,486.33	$ 2,486.33	***$ 0.00***	***$ 0.00***
PERS PLATINUM PPO	Employee Only	$ 1,426.24	$ 1,168.86	***$ 257.38***	***$ 360.33***
90/10 Plan	Employee + 1	$ 2,852.48	$ 2,057.19	***$ 795.29***	***$ 1113.41***
	Employee + 2 or more	$ 3,708.22	$ 2,674.36	***$ 1033.86***	***$ 1447.40***

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Cañada College • College of San Mateo • Skyline College

2026 MONTHLY MEDICAL CONTRIBUTION AMOUNTS

REGION 3

(Los Angeles, Riverside, San Bernardino)

Effective: January 1, 2026 - December 31, 2026			ACADEMICS SUPS / ADMINISTRATORS		AFSCME (Facilities)		CSEA (Classified)		CLASSIFIED PROF/SUPS CONFIDENTIAL		CLASSIFIED EXEMPT SUPS		TRUSTEES		AFT (Full-Time Faculty) * Subject to change upon AFT's and the District's ratification of a successor contract		
Plan Name	*Coverage Level*	*Full Premium*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Employee Out of Pocket*	*Portion Paid by District*	*Out of Pocket Aug-Dec or Sep-Dec*	*Out of Pocket for Jan-May or Feb-Jun*
HMO PLANS																	
Anthem Blue Cross Select HMO	Employee Only	$ 962.68	$ 962.68	***$ 0.00***	$ 962.68	***$ 0.00***	$ 962.68	***$ 0.00***	$ 962.68	***$ 0.00***	$ 962.68	***$ 0.00***	$ 789.00	***$ 173.68***	$ 962.68	***$ 0.00***	***$ 0.00***
Limited Network	Employee + 1	$ 1,925.36	$ 1,925.36	***$ 0.00***	$ 1,925.36	***$ 0.00***	$ 1,925.36	***$ 0.00***	$ 1,925.36	***$ 0.00***	$ 1,925.36	***$ 0.00***	$ 1,312.00	***$ 613.36***	$ 1,705.53	***$ 219.83***	***$ 307.76***
	Employee + 2 or more	$ 2,502.97	$ 2,502.97	***$ 0.00***	$ 2,502.97	***$ 0.00***	$ 2,502.97	***$ 0.00***	$ 2,502.97	***$ 0.00***	$ 2,502.97	***$ 0.00***	$ 1,717.00	***$ 785.97***	$ 2,217.19	***$ 285.78***	***$ 400.10***
Anthem Blue Cross Traditional HMO	Employee Only	$ 1,128.53	$ 1,112.90	***$ 15.63***	$ 1,112.90	***$ 15.63***	$ 1,112.90	***$ 15.63***	$ 1,112.90	***$ 15.63***	$ 1,112.90	***$ 15.63***	$ 789.00	***$ 339.53***	$ 969.05	***$ 159.48***	***$ 223.27***
	Employee + 1	$ 2,257.06	$ 2,008.32	***$ 248.74***	$ 2,008.32	***$ 248.74***	$ 2,008.32	***$ 248.74***	$ 2,008.32	***$ 248.74***	$ 2,008.32	***$ 248.74***	$ 1,312.00	***$ 945.06***	$ 1,705.53	***$ 551.53***	***$ 772.14***
	Employee + 2 or more	$ 2,934.18	$ 2,603.82	***$ 330.36***	$ 2,603.82	***$ 330.36***	$ 2,603.82	***$ 330.36***	$ 2,603.82	***$ 330.36***	$ 2,603.82	***$ 330.36***	$ 1,717.00	***$ 1217.18***	$ 2,217.19	***$ 716.99***	***$ 1003.79***
Blue Shield Access+ HMO	Employee Only	$ 917.91	$ 917.91	***$ 0.00***	$ 917.91	***$ 0.00***	$ 917.91	***$ 0.00***	$ 917.91	***$ 0.00***	$ 917.91	***$ 0.00***	$ 789.00	***$ 128.91***	$ 917.91	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,835.82	$ 1,835.82	***$ 0.00***	$ 1,835.82	***$ 0.00***	$ 1,835.82	***$ 0.00***	$ 1,835.82	***$ 0.00***	$ 1,835.82	***$ 0.00***	$ 1,312.00	***$ 523.82***	$ 1,705.53	***$ 130.29***	***$ 182.41***
	Employee + 2 or more	$ 2,386.57	$ 2,386.57	***$ 0.00***	$ 2,386.57	***$ 0.00***	$ 2,386.57	***$ 0.00***	$ 2,386.57	***$ 0.00***	$ 2,386.57	***$ 0.00***	$ 1,717.00	***$ 669.57***	$ 2,217.19	***$ 169.38***	***$ 237.14***
Blue Shield Trio HMO	Employee Only	$ 852.56	$ 852.56	***$ 0.00***	$ 852.56	***$ 0.00***	$ 852.56	***$ 0.00***	$ 852.56	***$ 0.00***	$ 852.56	***$ 0.00***	$ 789.00	***$ 63.56***	$ 852.56	***$ 0.00***	***$ 0.00***
Limited Network	Employee + 1	$ 1,705.12	$ 1,705.12	***$ 0.00***	$ 1,705.12	***$ 0.00***	$ 1,705.12	***$ 0.00***	$ 1,705.12	***$ 0.00***	$ 1,705.12	***$ 0.00***	$ 1,312.00	***$ 393.12***	$ 1,705.12	***$ 0.00***	***$ 0.00***
	Employee + 2 or more	$ 2,216.66	$ 2,216.66	***$ 0.00***	$ 2,216.66	***$ 0.00***	$ 2,216.66	***$ 0.00***	$ 2,216.66	***$ 0.00***	$ 2,216.66	***$ 0.00***	$ 1,717.00	***$ 499.66***	$ 2,216.66	***$ 0.00***	***$ 0.00***
Health Net Salud y Mas	Employee Only	$ 740.11	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	$ 740.11	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,480.22	$ 1,480.22	***$ 0.00***	$ 1,480.22	***$ 0.00***	$ 1,480.22	***$ 0.00***	$ 1,480.22	***$ 0.00***	$ 1,480.22	***$ 0.00***	$ 1,312.00	***$ 168.22***	$ 1,480.22	***$ 0.00***	***$ 0.00***
	Employee + 2 or more	$ 1,924.29	$ 1,924.29	***$ 0.00***	$ 1,924.29	***$ 0.00***	$ 1,924.29	***$ 0.00***	$ 1,924.29	***$ 0.00***	$ 1,924.29	***$ 0.00***	$ 1,717.00	***$ 207.29***	$ 1,924.29	***$ 0.00***	***$ 0.00***
Kaiser Permanente	Employee Only	$ 969.05	$ 969.05	***$ 0.00***	$ 969.05	***$ 0.00***	$ 969.05	***$ 0.00***	$ 969.05	***$ 0.00***	$ 969.05	***$ 0.00***	$ 789.00	***$ 180.05***	$ 969.05	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,938.10	$ 1,938.10	***$ 0.00***	$ 1,938.10	***$ 0.00***	$ 1,938.10	***$ 0.00***	$ 1,938.10	***$ 0.00***	$ 1,938.10	***$ 0.00***	$ 1,312.00	***$ 626.10***	$ 1,705.53	***$ 232.57***	***$ 325.60***
	Employee + 2 or more	$ 2,519.53	$ 2,519.53	***$ 0.00***	$ 2,519.53	***$ 0.00***	$ 2,519.53	***$ 0.00***	$ 2,519.53	***$ 0.00***	$ 2,519.53	***$ 0.00***	$ 1,717.00	***$ 802.53***	$ 2,217.19	***$ 302.34***	***$ 423.28***
UnitedHealthcare SignatureValue Alliance	Employee Only	$ 870.76	$ 870.76	***$ 0.00***	$ 870.76	***$ 0.00***	$ 870.76	***$ 0.00***	$ 870.76	***$ 0.00***	$ 870.76	***$ 0.00***	$ 789.00	***$ 81.76***	$ 870.76	***$ 0.00***	***$ 0.00***
	Employee + 1	$ 1,741.52	$ 1,741.52	***$ 0.00***	$ 1,741.52	***$ 0.00***	$ 1,741.52	***$ 0.00***	$ 1,741.52	***$ 0.00***	$ 1,741.52	***$ 0.00***	$ 1,312.00	***$ 429.52***	$ 1,705.53	***$ 35.99***	***$ 50.39***
	Employee + 2 or more	$ 2,263.98	$ 2,263.98	***$ 0.00***	$ 2,263.98	***$ 0.00***	$ 2,263.98	***$ 0.00***	$ 2,263.98	***$ 0.00***	$ 2,263.98	***$ 0.00***	$ 1,717.00	***$ 546.98***	$ 2,217.19	***$ 46.79***	***$ 65.51***
UnitedHealthcare SignatureValue Harmony	Employee Only	$ 765.51	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	$ 765.51	***$ 0.00***	***$ 0.00***
Limited Counties: Los Angeles	Employee + 1	$ 1,531.02	$ 1,531.02	***$ 0.00***	$ 1,531.02	***$ 0.00***	$ 1,531.02	***$ 0.00***	$ 1,531.02	***$ 0.00***	$ 1,531.02	***$ 0.00***	$ 1,312.00	***$ 219.02***	$ 1,531.02	***$ 0.00***	***$ 0.00***
Orange, Riverside, San Bernardino & San Diego	Employee + 2 or more	$ 1,990.33	$ 1,990.33	***$ 0.00***	$ 1,990.33	***$ 0.00***	$ 1,990.33	***$ 0.00***	$ 1,990.33	***$ 0.00***	$ 1,990.33	***$ 0.00***	$ 1,717.00	***$ 273.33***	$ 1,990.33	***$ 0.00***	***$ 0.00***
PPO PLANS																	
PERS GOLD PPO	Employee Only	$ 960.03	$ 960.03	***$ 0.00***	$ 960.03	***$ 0.00***	$ 960.03	***$ 0.00***	$ 960.03	***$ 0.00***	$ 960.03	***$ 0.00***	$ 789.00	***$ 171.03***	$ 960.03	***$ 0.00***	***$ 0.00***
80/20 Plan, Limited Network	Employee + 1	$ 1,920.06	$ 1,920.06	***$ 0.00***	$ 1,920.06	***$ 0.00***	$ 1,920.06	***$ 0.00***	$ 1,920.06	***$ 0.00***	$ 1,920.06	***$ 0.00***	$ 1,312.00	***$ 608.06***	$ 1,705.53	***$ 214.53***	***$ 300.34***
	Employee + 2 or more	$ 2,496.08	$ 2,496.08	***$ 0.00***	$ 2,496.08	***$ 0.00***	$ 2,496.08	***$ 0.00***	$ 2,496.08	***$ 0.00***	$ 2,496.08	***$ 0.00***	$ 1,717.00	***$ 779.08***	$ 2,217.19	***$ 278.89***	***$ 390.45***
PERS PLATINUM PPO	Employee Only	$ 1,431.81	$ 1,112.90	***$ 318.91***	$ 1,112.90	***$ 318.91***	$ 1,112.90	***$ 318.91***	$ 1,112.90	***$ 318.91***	$ 1,112.90	***$ 318.91***	$ 789.00	***$ 642.81***	$ 969.05	***$ 462.76***	***$ 647.86***
90/10 Plan	Employee + 1	$ 2,863.62	$ 2,008.32	***$ 855.30***	$ 2,008.32	***$ 855.30***	$ 2,008.32	***$ 855.30***	$ 2,008.32	***$ 855.30***	$ 2,008.32	***$ 855.30***	$ 1,312.00	***$ 1551.62***	$ 1,705.53	***$ 1158.09***	***$ 1621.33***
	Employee + 2 or more	$ 3,722.71	$ 2,603.82	***$ 1118.89***	$ 2,603.82	***$ 1118.89***	$ 2,603.82	***$ 1118.89***	$ 2,603.82	***$ 1118.89***	$ 2,603.82	***$ 1118.89***	$ 1,717.00	***$ 2005.71***	$ 2,217.19	***$ 1505.52***	***$ 2107.73***

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