

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE (General), PL (Professional), SU (Supervisory), TC (Trades and Crafts), PR (Probation), CR (Corrections)

Effective January 1, 2026

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34
Employer	\$716.63	\$1,292.05	\$1,797.08	\$537.47	\$969.04	\$1,347.81	\$358.32	\$646.03	\$898.54
<b>Employee</b>	<b>\$179.15</b>	<b>\$323.01</b>	<b>\$449.26</b>	<b>\$358.31</b>	<b>\$646.02</b>	<b>\$898.53</b>	<b>\$537.46</b>	<b>\$969.03</b>	<b>\$1,347.80</b>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84
Employer	\$551.03	\$994.45	\$1,383.08	\$413.27	\$745.84	\$1,037.31	\$275.52	\$497.23	\$691.54
<b>Employee</b>	<b>\$137.75</b>	<b>\$248.61</b>	<b>\$345.76</b>	<b>\$275.51</b>	<b>\$497.22</b>	<b>\$691.53</b>	<b>\$413.26</b>	<b>\$745.83</b>	<b>\$1,037.30</b>
<b>Kaiser HMO Standard</b>	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34
Employer	\$482.23	\$955.25	\$1,346.68	\$361.67	\$716.44	\$1,010.01	\$241.12	\$477.63	\$673.34
<b>Employee</b>	<b>\$120.55</b>	<b>\$238.81</b>	<b>\$336.66</b>	<b>\$241.11</b>	<b>\$477.62</b>	<b>\$673.33</b>	<b>\$361.66</b>	<b>\$716.43</b>	<b>\$1,010.00</b>
<b>Kaiser HMO ABHP (\$1700)</b>	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34
Employer	\$398.63	\$784.45	\$1,105.08	\$298.97	\$588.34	\$828.81	\$199.32	\$392.23	\$552.54
<b>Employee</b>	<b>\$99.65</b>	<b>\$196.11</b>	<b>\$276.26</b>	<b>\$199.31</b>	<b>\$392.22</b>	<b>\$552.53</b>	<b>\$298.96</b>	<b>\$588.33</b>	<b>\$828.80</b>

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.  
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

BD (Board of Supervisors), MA (Management), SM (Law Enforcement Sworn Management)

Effective January 1, 2026

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34
Employer	\$582.26	\$1,049.79	\$1,460.13	\$436.70	\$787.34	\$1,095.10	\$291.13	\$524.90	\$730.07
<b>Employee</b>	<b>\$313.52</b>	<b>\$565.27</b>	<b>\$786.21</b>	<b>\$459.08</b>	<b>\$827.72</b>	<b>\$1,151.24</b>	<b>\$604.65</b>	<b>\$1,090.16</b>	<b>\$1,516.27</b>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84
Employer	\$447.71	\$807.99	\$1,123.75	\$335.78	\$605.99	\$842.81	\$223.86	\$404.00	\$561.88
<b>Employee</b>	<b>\$241.07</b>	<b>\$435.07</b>	<b>\$605.09</b>	<b>\$353.00</b>	<b>\$637.07</b>	<b>\$886.03</b>	<b>\$464.92</b>	<b>\$839.06</b>	<b>\$1,166.96</b>
<b>Kaiser HMO Standard</b>	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34
Employer	\$391.81	\$776.14	\$1,094.18	\$293.86	\$582.11	\$820.64	\$195.91	\$388.07	\$547.09
<b>Employee</b>	<b>\$210.97</b>	<b>\$417.92</b>	<b>\$589.16</b>	<b>\$308.92</b>	<b>\$611.95</b>	<b>\$862.70</b>	<b>\$406.87</b>	<b>\$805.99</b>	<b>\$1,136.25</b>
<b>Kaiser HMO ABHP (\$1700)</b>	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34
Employer	\$323.89	\$637.37	\$897.88	\$242.92	\$478.03	\$673.41	\$161.95	\$318.69	\$448.94
<b>Employee</b>	<b>\$174.39</b>	<b>\$343.19</b>	<b>\$483.46</b>	<b>\$255.36</b>	<b>\$502.53</b>	<b>\$707.93</b>	<b>\$336.33</b>	<b>\$661.87</b>	<b>\$932.40</b>
	NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$6,240 (\$260 for 24 pay periods)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$4,680 (\$195 for 24 pay periods)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. BD: \$6,000 (\$250 for 24 pay periods) CA, MA, & SM: \$3,120 (\$130 for 24 pay periods)		

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining unit

SA (Law Enforcement)

Effective January 1, 2026

*Contributions are deducted over 24 pay periods*

FULL TIME 64+ HOURS			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34
Employer	\$582.26	\$1,049.79	\$1,460.13
<b>Employee</b>	<b>\$313.52</b>	<b>\$565.27</b>	<b>\$786.21</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$682.00	\$1,229.50	\$1,708.50
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84
Employer	\$447.71	\$807.99	\$1,123.75
<b>Employee</b>	<b>\$241.07</b>	<b>\$435.07</b>	<b>\$605.09</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO Standard</b>	\$596.00	\$1,180.50	\$1,663.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34
Employer	\$391.81	\$776.14	\$1,094.18
<b>Employee</b>	<b>\$210.97</b>	<b>\$417.92</b>	<b>\$589.16</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1700)</b>	\$491.50	\$967.00	\$1,361.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34
Employer	\$323.89	\$637.37	\$897.88
<b>Employee</b>	<b>\$174.39</b>	<b>\$343.19</b>	<b>\$483.46</b>
NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)			

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.**

# HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Head)

Effective January 1, 2026

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO Standard (\$200)</b>	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00	\$889.00	\$1,601.50	\$2,226.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34	\$895.78	\$1,615.06	\$2,246.34
Employer	\$615.96	\$1,111.20	\$1,546.84	\$461.97	\$833.40	\$1,160.13	\$307.98	\$555.60	\$773.42
<b>Employee</b>	<b>\$279.82</b>	<b>\$503.86</b>	<b>\$699.50</b>	<b>\$433.81</b>	<b>\$781.66</b>	<b>\$1,086.21</b>	<b>\$587.80</b>	<b>\$1,059.46</b>	<b>\$1,472.92</b>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
EDC Admin Fee	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50	\$682.00	\$1,229.50	\$1,708.50
	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84	\$688.78	\$1,243.06	\$1,728.84
Employer	\$473.18	\$853.95	\$1,188.30	\$354.89	\$640.46	\$891.23	\$236.59	\$426.98	\$594.15
<b>Employee</b>	<b>\$215.60</b>	<b>\$389.11</b>	<b>\$540.54</b>	<b>\$333.89</b>	<b>\$602.60</b>	<b>\$837.61</b>	<b>\$452.19</b>	<b>\$816.08</b>	<b>\$1,134.69</b>
<b>Kaiser HMO Standard</b>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
EDC Admin Fee	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00	\$596.00	\$1,180.50	\$1,663.00
	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34	\$602.78	\$1,194.06	\$1,683.34
Employer	\$436.34	\$860.07	\$1,211.13	\$327.26	\$645.05	\$908.35	\$218.17	\$430.04	\$605.57
<b>Employee</b>	<b>\$166.44</b>	<b>\$333.99</b>	<b>\$472.21</b>	<b>\$275.52</b>	<b>\$549.01</b>	<b>\$774.99</b>	<b>\$384.61</b>	<b>\$764.02</b>	<b>\$1,077.77</b>
<b>Kaiser HMO ABHP (\$1700)</b>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
EDC Admin Fee	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00	\$491.50	\$967.00	\$1,361.00
	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34	\$6.78	\$13.56	\$20.34
Total	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34	\$498.28	\$980.56	\$1,381.34
Employer	\$362.17	\$708.55	\$996.67	\$271.63	\$531.41	\$747.50	\$181.09	\$354.28	\$498.34
<b>Employee</b>	<b>\$136.11</b>	<b>\$272.01</b>	<b>\$384.67</b>	<b>\$226.65</b>	<b>\$449.15</b>	<b>\$633.84</b>	<b>\$317.19</b>	<b>\$626.28</b>	<b>\$883.00</b>
	NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)			NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)			NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)		

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.  
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

## ACA COMPLIANT PLAN\*

Effective January 1, 2026

*Contributions are deducted over 24 pay periods*

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$613.50	\$1,107.00	\$1,537.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$620.28	\$1,120.56	\$1,557.34
Employer	\$516.70	\$516.70	\$516.70
<b>Employee</b>	<b>\$103.58</b>	<b>\$603.86</b>	<b>\$1,040.64</b>

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY  
VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION RATE  
CARD FOR THOSE RATES.**

*\*THIS IS A COUNTY SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM  
ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE  
CARE ACT (ACA)*

# DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2026

*Contributions are deducted over 24 pay periods*

*Participation in the Dental and Vision plans is mandatory when participating in a County sponsored health plan.*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34
VSP CHOICE	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16
Total	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50
Employer	\$21.99	\$39.96	\$56.40	\$16.49	\$29.97	\$42.30	\$11.00	\$19.98	\$28.20
Employee	<b>\$5.49</b>	<b>\$9.98</b>	<b>\$14.10</b>	<b>\$10.99</b>	<b>\$19.97</b>	<b>\$28.20</b>	<b>\$16.48</b>	<b>\$29.96</b>	<b>\$42.30</b>

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$24.94	\$44.88	\$62.34
VSP CHOICE	\$2.15	\$4.29	\$6.90
Total	\$27.09	\$49.17	\$69.24
Employer	\$17.61	\$31.97	\$45.01
Employee	<b>\$9.48</b>	<b>\$17.20</b>	<b>\$24.23</b>
	NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)		

	For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34
VSP CHOICE	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16
Total	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50
Employer	\$17.06	\$30.99	\$43.78	\$12.80	\$23.24	\$32.84	\$8.53	\$15.50	\$21.89
Employee	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>	<b>\$14.68</b>	<b>\$26.70</b>	<b>\$37.66</b>	<b>\$18.95</b>	<b>\$34.44</b>	<b>\$48.61</b>
	NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)			NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)			NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)		

	For employees in bargaining units BD, MA & SM			For employees in bargaining units BD, MA & SM			For employees in bargaining units BD, MA & SM		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34	\$24.94	\$44.88	\$62.34
VSP CHOICE	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16	\$2.54	\$5.06	\$8.16
Total	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50
Employer	\$17.87	\$32.47	\$45.83	\$13.40	\$24.35	\$34.37	\$8.94	\$16.24	\$22.92
Employee	<b>\$9.61</b>	<b>\$17.47</b>	<b>\$24.67</b>	<b>\$14.08</b>	<b>\$25.59</b>	<b>\$36.13</b>	<b>\$18.54</b>	<b>\$33.70</b>	<b>\$47.58</b>
	NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) MA, SM: \$6,240 (24 pay periods at \$260)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) MA, SM: \$4,680 (24 pay periods at \$195)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) MA, SM: \$3,120 (24 pay periods at \$130)		

# HEALTH PLAN CONTRIBUTION RATES

## For employees in OE3 Health Trust Plans

(CR and TC bargaining units only)

EFFECTIVE PP 24-2025

*Contributions are deducted over 24 pay periods*

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Plan A (Anthem Platinum)</b>	\$662.50	\$1,325.00	\$1,788.50	\$662.50	\$1,325.00	\$1,788.50	\$662.50	\$1,325.00	\$1,788.50
Total	\$662.50	\$1,325.00	\$1,788.50	\$662.50	\$1,325.00	\$1,788.50	\$662.50	\$1,325.00	\$1,788.50
Employer	\$662.50	\$1,325.00	\$1,788.50	\$553.96	\$999.01	\$1,390.11	\$369.32	\$666.01	\$926.74
<b>Employee</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$108.54</b>	<b>\$325.99</b>	<b>\$398.39</b>	<b>\$293.18</b>	<b>\$658.99</b>	<b>\$861.76</b>
<b>Plan B (Kaiser)</b>	\$623.50	\$1,247.50	\$1,627.00	\$623.50	\$1,247.50	\$1,627.00	\$623.50	\$1,247.50	\$1,627.00
Total	\$623.50	\$1,247.50	\$1,627.00	\$623.50	\$1,247.50	\$1,627.00	\$623.50	\$1,247.50	\$1,627.00
Employer	\$504.22	\$995.21	\$1,403.08	\$378.16	\$746.41	\$1,052.31	\$252.12	\$497.61	\$701.54
<b>Employee</b>	<b>\$119.28</b>	<b>\$252.29</b>	<b>\$223.92</b>	<b>\$245.34</b>	<b>\$501.09</b>	<b>\$574.69</b>	<b>\$371.38</b>	<b>\$749.89</b>	<b>\$925.46</b>



HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2026			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,295.52</b>	<b>\$2,341.02</b>	<b>\$3,255.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1700 ABHP</b>	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,432.52</b>	<b>\$2,586.02</b>	<b>\$3,598.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,846.52</b>	<b>\$3,330.02</b>	<b>\$4,633.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,260.52</b>	<b>\$2,488.02</b>	<b>\$3,507.69</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1700 ABHP</b>	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,051.52</b>	<b>\$2,061.02</b>	<b>\$2,903.69</b>

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2026			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% Fee for retiree coverage	\$25.91	\$46.82	\$65.11
<b>Total</b>	<b>\$1,321.43</b>	<b>\$2,387.84</b>	<b>\$3,320.80</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1700 ABHP</b>	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% Fee for retiree coverage	\$28.65	\$51.72	\$71.97
<b>Total</b>	<b>\$1,461.17</b>	<b>\$2,637.74</b>	<b>\$3,670.66</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% Fee for retiree coverage	\$36.93	\$66.60	\$92.67
<b>Total</b>	<b>\$1,883.45</b>	<b>\$3,396.62</b>	<b>\$4,726.36</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% Fee for retiree coverage	\$25.21	\$49.76	\$70.15
<b>Total</b>	<b>\$1,285.73</b>	<b>\$2,537.78</b>	<b>\$3,577.84</b>
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1700 ABHP</b>	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% Fee for retiree coverage	\$21.03	\$41.22	\$58.07
<b>Total</b>	<b>\$1,072.55</b>	<b>\$2,102.24</b>	<b>\$2,961.76</b>



# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2026

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.91	\$46.82	\$65.11
<b>Total</b>	<b>\$1,321.43</b>	<b>\$2,387.84</b>	<b>\$3,320.80</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$28.65	\$51.72	\$71.97
<b>Total</b>	<b>\$1,461.17</b>	<b>\$2,637.74</b>	<b>\$3,670.66</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO Standard (\$200)</b>	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$36.93	\$66.60	\$92.67
<b>Total</b>	<b>\$1,883.45</b>	<b>\$3,396.62</b>	<b>\$4,726.36</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.21	\$49.76	\$70.15
<b>Total</b>	<b>\$1,285.73</b>	<b>\$2,537.78</b>	<b>\$3,577.84</b>

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Kaiser HMO ABHP (\$1700)</b>	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$21.03	\$41.22	\$58.07
<b>Total</b>	<b>\$1,072.55</b>	<b>\$2,102.24</b>	<b>\$2,961.76</b>

Employee Assistance Program (EAP)

\$3.56 regardless of number enrolled