# 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)				IME 32 - 39 R PAY PER	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO Standard (\$200)	\$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
Employee	\$179.15	\$323.01	\$449.26	\$358.31	\$646.02	\$898.53	\$537.46	\$969.03	\$1,347.80
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1700)	\$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	¢600.70	64 242 06	Ć4 720 04	¢600.70	¢4 242 06	64 700 04	¢600.70	64 242 06	ć4 <b>7</b> 20 04
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
Employee	\$551.03 <b>\$137.75</b>	\$994.45 <b>\$248.61</b>	\$1,383.08 <b>\$345.76</b>	\$413.27 <b>\$275.51</b>	\$745.84 <b>\$497.22</b>	\$1,037.31 <b>\$691.53</b>	\$275.52 <b>\$413.26</b>	\$497.23 <b>\$745.83</b>	\$691.54
Employee	\$137.75	\$248.61	\$345.76	\$2/5.51	\$497.22	\$691.53	\$413.2b	\$745.83	\$1,037.30
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$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	\$1,083.34	\$241.12	\$477.63	\$673.34
<b>Employee</b>	\$120.55	\$238.81	\$336.66	\$241.11	\$477.62	\$673.33	\$361.66	\$716.43	\$1,010.00
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO ABHP (\$1700)	\$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
				1.		.	1.		
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
Employee	\$99.65	\$196.11	\$276.26	\$199.31	\$392.22	\$552.53	\$298.96	\$588.33	\$828.80

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.

# 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 T	TIME 64+ HO	URS	PART TIME 40 - 63 HOURS (PER			PART TIME 32 - 39 HOURS (PER		
	(PEF	(PER PAY PERIOD) PAY PERIOD)							
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard (\$200)	\$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
	400	4	40.0.00.	4000	4		400	4	400.00
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
Employee	\$313.52	\$565.27	\$786.21	\$459.08	\$827.72	\$1,151.24	\$604.65	\$1,090.16	\$1,516.27
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low (\$1700)	\$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
Employee	\$241.07	\$435.07	\$605.09	\$353.00	\$637.07	\$886.03	\$464.92	\$839.06	\$1,166.96
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$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	\$1,180.56	\$20.34	\$6.78	\$1,180.56	\$20.34	\$6.78	\$1,180.56	\$20.34
EDC Adminited	\$0.70	<b>Ψ13.30</b>	<b>γ20.5</b> 4	70.76	715.50	ÿ20.54	\$0.70	<b>Ψ13.30</b>	<b>720.5</b> 4
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>	\$210.97	\$417.92	\$589.16	\$308.92	\$611.95	\$862.70	\$406.87	\$805.99	\$1,136.25
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP (\$1700)	\$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
Employee	\$174.39	\$343.19	\$483.46	\$255.36	\$502.53	\$707.93	\$336.33	\$661.87	\$932.40
	NOTE: Employee	es in these bargo	nining units	NOTE: Employee	es in these bargo	aining units	NOTE: Employee	es in these bargo	nining units
	receive Optional	Benefit credits	which can be	receive Optional	Benefit credits	which can be	receive Optional	Benefit credits	which can be
	used to offset en	nployee contribu	utions.	used to offset en	nployee contrib	utions.	used to offset en	nployee contribi	utions.
	BD: \$6,000 (\$25		-	BD: \$6,000 (\$25		,	BD: \$6,000 (\$25		-
	CA, MA, & SM: \$	6,240 (\$260 for	24 pay	CA, MA, & SM: \$	\$4,680 (\$195 for	<sup>-</sup> 24 pay	CA, MA, & SM: \$	3,120 (\$130 for	<sup>-</sup> 24 pay
	periods)			periods)			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.

# For employees in bargaining unit

# SA (Law Enforcement)

Effective January 1, 2026

Contributions are deducted over 24 pay periods

	FULL	TIME 64+ F	HOURS		
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO Standard (\$200)	\$889.00	\$1,601.50	-		
EDC Admin Fee	\$6.78	\$13.56	\$20.34		
	4000	4	40.0.00		
Total	\$895.78	\$1,615.06	\$2,246.34		
Employer	\$582.26	\$1,049.79	\$1,460.13		
Employee	\$313.52	\$565.27	\$786.21		
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO ABHP Low (\$1700)	\$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		
Employee	\$241.07	\$435.07	\$605.09		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Kaiser HMO Standard	\$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		
Employee	\$210.97	\$417.92	\$589.16		
	EE ONLY	EE+1	FAMILY		
Kaiser HMO ABHP (\$1700)	\$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		
Employee	\$174.39	\$343.19	\$483.46		
	NOTE: Empl	oyees 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.

# 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		PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS				
	(PE	(PER PAY PERIOD) (PER PAY PERIOD) (PER PAY PERIO			(PER PAY PERIOD)			IOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	
Blue Shield PPO Standard (\$200)	\$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	
Employee	\$279.82	\$503.86	\$699.50	\$433.81	\$781.66	\$1,086.21	\$587.80	\$1,059.46	\$1,472.92	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
Blue Shield PPO ABHP Low (\$1700)	\$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	\$473.18	\$853.95	\$1,188.30	\$354.89	\$640.46	\$891.23	\$236.59	\$426.98	\$594.15	
Employee	\$215.60	\$389.11	\$540.54	\$333.89	\$602.60	\$837.61	\$452.19	\$816.08	\$1,134.69	
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
Kaiser HMO Standard	\$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	\$436.34	\$860.07	\$1,211.13	\$327.26	\$645.05	\$908.35	\$218.17	\$430.04	\$605.57	
Employee	\$166.44	\$333.99	\$472.21	\$275.52	\$549.01	\$774.99	\$384.61	\$764.02	\$1,077.77	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>	
Kaiser HMO ABHP (\$1700)	\$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	\$362.17	\$708.55	\$996.67	\$271.63	\$531.41	\$747.50	\$181.09	\$354.28	\$498.34	
Employee	\$136.11	\$272.01	\$384.67	\$226.65	\$449.15	\$633.84	\$317.19	\$626.28	\$883.00	
	NOTE: Employees receive \$6,240 over		\$6,240 over	NOTE: Employees receive \$4,680 over						
	24 pay perio	ds in Optional	Benefit	24 pay perio	ods in Optiona	ıl Benefit	24 pay peri	ods in Optiona	l Benefit	
	credits, whic	ch can be used	to offset	credits, whi	ch can be use	d to offset		ch can be used		
		ntributions. (	24 pay					employee contributions. (24 pay		
	periods at \$2	260 each)		periods at \$195 each) 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

	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$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
Employee	\$103.58	\$603.86	\$1,040.64

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)

		Y PERIOD	•		PAY PERIO		•	PAY PERIO	•	
	For emplo	yees in GE	., PL, SU,	For emplo	For employees in GE, PL, SU,			For employees in GE, PL, SU,		
	Т т	C, PR & CR		Т	C, PR & CR		Т	c, PR & CR		
	EE ONLY	EE+1	<u>FAMILY</u>	EE ONLY	EE+1	<u>FAMILY</u>	EE ONLY	EE+1	<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	
V3F CHOICE	\$2.54	\$3.00	<b>30.10</b>	\$2.54	\$5.00	\$6.10	\$2.54	<b>33.00</b>	\$6.10	
Total	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	
Employer	\$27.48	\$39.96	\$56.40	\$16.49	\$29.97	\$42.30	\$27.48	\$19.98	\$28.20	
Employee	\$21.99 <b>\$5.49</b>	\$9.98	\$36.40 <b>\$14.10</b>	\$10.49 <b>\$10.99</b>	\$29.97 <b>\$19.97</b>	\$42.30 <b>\$28.20</b>	\$11.00 <b>\$16.48</b>	\$19.96 <b>\$29.96</b>	\$42.30	
Linployee	<b>33.4</b> 3	79.90	\$14.10	<del>310.33</del>	Ş13.37	<b>320.20</b>	<b>310.40</b>	Ş29.90	<b>342.30</b>	
	For emplo	yees in ba	rgaining							
		unit SA								
	EE ONLY		EANAILV							
DELTA DENTAL DOCUDERALED	EE ONLY	EE+1	FAMILY							
DELTA DENTAL PPO+PREMIER	\$24.94	\$44.88	\$62.34							
VSP CHOICE	\$2.15	\$4.29	\$6.90							
Takal	627.00	Ć40 47	¢60.24							
Total	\$27.09	\$49.17	\$69.24							
Employer	\$17.61	\$31.97	\$45.01							
Employee	\$9.48	\$17.20	\$24.23							
	NOTE: Employee									
	pay periods in O	_								
	which can be use									
	contributions. (2 each)	4 pay periods	ut \$1/1.1/							
	caciij									
	For emplo	yees in ba	rgaining	For emplo	yees in ba	rgaining	For emplo	yees in ba	rgaining	
		units	_		units	_		units	_	
	CO.		ID	CO, EL, UM & UD		CO, EL, UM & UD				
	EE ONLY	EL, UM & I EE+1	FAMILY	EE ONLY	EE+1	FAMILY	,	EE+1	טט FAMILY	
DELTA DENTAL DOCUMENTALES							EE ONLY			
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	627.40	Ċ40 04	670.50	627.40	¢40.04	ć70 F0	637.40	Ć40 04	ć70 F0	
Total	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94	\$70.50	\$27.48	\$49.94 \$15.50	\$70.50	
Employer	\$17.06	\$30.99	\$43.78	\$12.80	\$23.24	\$32.84	\$8.53	\$15.50	\$21.89	
Employee	\$10.42	\$18.95	\$26.72	\$14.68	\$26.70	\$37.66	\$18.95	\$34.44	\$48.61	
	NOTE: Employee			NOTE: Employee			NOTE: Employee			
	pay periods in O	_		pay periods in O	-		pay periods in O	-		
	contributions. (2			which can be us contributions. (		-	which can be use contributions. (2			
	each)	. Pay perious	W. 7200	each)	L+ pay perious	UL 9133	each)	- r pay perious	y 100	
	<u> </u>			<u>'</u>			<u> </u>			
	For emplo	yees in ba	rgaining	For emplo	yees in ba	rgaining	For emplo	yees in ba	rgaining	
	units	BD, MA &	SM	units	BD, MA &	SM	units	<b>BD, MA &amp;</b>	SM	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<b>FAMILY</b>	EE ONLY	<u>EE+1</u>	<b>FAMILY</b>	
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	
<b>Employee</b>	\$9.61	\$17.47	\$ <b>24.67</b>	\$14.08	\$25.59	\$36.13	\$18.54	\$33.70	\$47.58	
	73.01	Y±1.71	γ <u>ε</u> π.υ/	917.00	<b>723.33</b>	750.15	910.54	<del>733.70</del>	<del>γ-7.50</del>	
	NOTE: Employee	s in these have	rainina unita	NOTE: Employee	es in these har	rainina unita	NOTE: Employee	os in those have	rainina unita	
	NOTE: Employee receive Optional	_	_	NOTE: Employee	_	-	receive Optional	_	_	
	be used to offset	=		11 '			•			
	BD: \$6,000 (24 p			BD: \$6,000 (24 p			BD: \$6,000 (24 p			
	MA, SM: \$6,240		-	MA, SM: \$4,680		-	MA, SM: \$3,120		-	
	I			<u> </u>			ı			

**PART TIME 32 - 39 HOURS** 

(PER PAY PERIOD)

# 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)					
	EE ONLY	<u>EE+1</u>	FAMILY			
Plan A (Anthem	\$662.50	\$1,325.00	\$1,788.50			
Platinum)						
Total	\$662.50	\$1,325.00	\$1,788.50			
Employer	\$662.50	\$1,325.00	\$1,788.50			
Employee	\$0.00	\$0.00	\$0.00			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>			
Plan B (Kaiser)	\$623.50	\$1,247.50	\$1,627.00			
Total	\$623.50	\$1,247.50	\$1,627.00			
Employer	\$504.22	\$995.21	\$1,403.08			
Employee	\$119.28	\$252.29	\$223.92			

PART TIME 40 - 63 HOURS (PER PAY PERIOD)							
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
\$662.50	\$1,325.00	\$1,788.50					
\$662.50	\$1,325.00	\$1,788.50					
\$553.96	\$999.01	\$1,390.11					
\$108.54	\$325.99	\$398.39					
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>					
\$623.50	\$1,247.50	\$1,627.00					
\$623.50	\$1,247.50	\$1,627.00					
\$378.16	\$746.41	\$1,052.31					
\$245.34	\$501.09	\$574.69					

PART TIME 32 - 39 HOURS (PER PAY PERIOD)								
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>						
\$662.50	\$1,325.00	\$1,788.50						
\$662.50	\$1,325.00	\$1,788.50						
\$369.32	\$666.01	\$926.74						
<b>\$293.18</b>	<b>\$658.99</b>	<b>\$861.76</b>						
EE ONLY	<u>EE+1</u>	<u>FAMILY</u>						
\$623.50	\$1,247.50	\$1,627.00						
\$623.50	\$1,247.50	\$1,627.00						
\$252.12	\$497.61	\$701.54						
<b>\$371.38</b>	<b>\$749.89</b>	<b>\$925.46</b>						

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2026

Blue Shield PPO \$2000 ABHP Delta Dental PPO+Premier         \$1,227.00         \$2,214.00         \$3,074           VSP Choice         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,295.52         \$2,341.02         \$3,255           Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.00         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,266           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02	WITH NO RE	TIREE COV	/ERAGE	
Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,295.52         \$2,341.02         \$3,255           EE ONLY         EE+1         FAMI           Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$1,432.52         \$2,586.02         \$3,598           Total         \$1,432.52         \$2,586.02         \$3,598           EE ONLY         EE+1         FAMI           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$1		EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,295.52         \$2,341.02         \$3,255           EE ONLY         EE+1         FAMI           Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52 <td>Blue Shield PPO \$2000 ABHP</td> <td>\$1,227.00</td> <td>\$2,214.00</td> <td>\$3,074.00</td>	Blue Shield PPO \$2000 ABHP	\$1,227.00	\$2,214.00	\$3,074.00
EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,295.52         \$2,341.02         \$3,255           Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.00         \$4,452           VSP Choice         \$1,356         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02	Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
State	VSP Choice	\$5.08	\$10.13	\$16.32
Blue Shield PPO \$1700 ABHP   \$1,364.00   \$2,459.00   \$3,417     Delta Dental PPO+Premier   \$49.88   \$89.77   \$124     VSP Choice   \$5.08   \$10.13   \$16     EDC Admin Fee   \$13.56   \$27.12   \$40     Total   \$1,432.52   \$2,586.02   \$3,598     EE ONLY   EE+1   FAMI     Blue Shield PPO \$200   \$1,778.00   \$3,203.00   \$4,452     VSP Choice   \$5.08   \$10.13   \$16     EDC Admin Fee   \$13.56   \$27.12   \$40     Total   \$1,846.52   \$3,330.02   \$4,633     Total   \$1,846.52   \$3,330.02   \$4,633     Kaiser HMO   \$1,192.00   \$2,361.00   \$3,326     Delta Dental PPO+Premier   \$49.88   \$89.77   \$124     VSP Choice   \$5.08   \$10.13   \$16     EDC Admin Fee   \$13.56   \$27.12   \$40     Total   \$1,260.52   \$2,488.02   \$3,507     Kaiser HMO \$1700 ABHP   \$983.00   \$1,934.00   \$2,722     Contact	EDC Admin Fee	\$13.56	\$27.12	\$40.68
Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choic	Total	\$1,295.52	\$2,341.02	\$3,255.69
Blue Shield PPO \$1700 ABHP         \$1,364.00         \$2,459.00         \$3,417           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           Kaiser HM				
Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           EE ONLY         EE+1         FAMI           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,9				<u>FAMILY</u>
VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16	-			
EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,432.52         \$2,586.02         \$3,598           Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16		=	· ·	-
Signature   Sign			· ·	· ·
EE ONLY   EE+1   FAMI	EDC Admin Fee	\$13.56	\$27.12	\$40.68
Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           EE ONLY         EE+1         FAMI           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           VSP Choice         \$5.08         \$10.13         \$16	Total	\$1,432.52	\$2,586.02	\$3,598.69
Blue Shield PPO \$200         \$1,778.00         \$3,203.00         \$4,452           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           EE ONLY         EE+1         FAMI           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           VSP Choice         \$5.08         \$10.13         \$16				
Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           EE ONLY EE+1 FAMI           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY EE+1 FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16			·	<u>FAMILY</u>
VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16	•			
EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16		=	=	
Total         \$1,846.52         \$3,330.02         \$4,633           Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16			· ·	· ·
Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16	EDC Admin Fee	\$13.56	\$27.12	\$40.68
Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16	Total	\$1,846.52	\$3,330.02	\$4,633.69
Kaiser HMO         \$1,192.00         \$2,361.00         \$3,326           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16				
Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16           EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16				<u>FAMILY</u>
VSP Choice \$5.08 \$10.13 \$16 EDC Admin Fee \$13.56 \$27.12 \$40  Total \$1,260.52 \$2,488.02 \$3,507  EE ONLY EE+1 FAMI  Kaiser HMO \$1700 ABHP \$983.00 \$1,934.00 \$2,722  Delta Dental PPO+Premier \$49.88 \$89.77 \$124  VSP Choice \$5.08 \$10.13 \$16				
EDC Admin Fee         \$13.56         \$27.12         \$40           Total         \$1,260.52         \$2,488.02         \$3,507           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16		<u> </u>	· ·	-
Total         \$1,260.52         \$2,488.02         \$3,507           EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16		•	•	\$16.32
EE ONLY         EE+1         FAMI           Kaiser HMO \$1700 ABHP         \$983.00         \$1,934.00         \$2,722           Delta Dental PPO+Premier         \$49.88         \$89.77         \$124           VSP Choice         \$5.08         \$10.13         \$16	EDC Admin Fee	\$13.56	\$27.12	\$40.68
Kaiser HMO \$1700 ABHP       \$983.00       \$1,934.00       \$2,722         Delta Dental PPO+Premier       \$49.88       \$89.77       \$124         VSP Choice       \$5.08       \$10.13       \$16	Total	\$1,260.52	\$2,488.02	\$3,507.69
Kaiser HMO \$1700 ABHP       \$983.00       \$1,934.00       \$2,722         Delta Dental PPO+Premier       \$49.88       \$89.77       \$124         VSP Choice       \$5.08       \$10.13       \$16				
Delta Dental PPO+Premier       \$49.88       \$89.77       \$124         VSP Choice       \$5.08       \$10.13       \$16				<u>FAMILY</u>
VSP Choice \$5.08 \$10.13 \$16	•	· ·		
·		· ·	· ·	-
EDC Admin Fee \$13.56 \$27.12 \$40			\$10.13	
	EDC Admin Fee	\$13.56	\$27.12	\$40.68
Total \$1,051.52 \$2,061.02 \$2,903	<b>Total</b>	\$1,051.52	\$2,061.02	\$2,903.69

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2026

NAUTH DETIDES COVED A CE							
WITH RETIF		KAGE					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO \$2000 ABHP	\$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				
Total	\$1,321.43	\$2,387.84	\$3,320.80				
	EE ONLY	<u>EE+1</u>					
Blue Shield PPO \$1700 ABHP	\$1,364.00						
Delta Dental PPO+Premier	\$49.88	•	•				
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				
Total	\$1,461.17	\$2,637.74	\$3,670.66				
	<b>EE ONLY</b>	<u>EE+1</u>	<b>FAMILY</b>				
Blue Shield PPO \$200	\$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				
Total	\$1,883.45	\$3,396.62	\$4,726.36				
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Kaiser HMO	\$1,192.00	\$2,361.00					
Delta Dental PPO+Premier	\$49.88	=	\$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				
Total	\$1,285.73	\$2,537.78	\$3,577.84				
	EE ONLY	<u>EE+1</u>	FAMILY				
Kaiser HMO \$1700 ABHP	\$983.00						
Delta Dental PPO+Premier	\$49.88	•	<del>-</del>				
VSP Choice	\$5.08		=				
EDC Admin Fee	\$13.56	· ·	· ·				
2% Fee for retiree coverage	\$21.03	\$41.22	\$58.07				
Total	\$1,072.55	\$2,102.24	\$2,961.76				

HEALTH PLAN CONTRIBUTION RATES							
COI	3RA						
Effective Jan	uary 1, 202	26					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO ABHP High (\$2000)	\$1,227.00		-				
Delta Dental PPO+Premier	\$49.88	-	\$124.69				
VSP Choice	\$5.08	\$10.13	\$16.32				
EDC Admin Fee	\$13.56	· ·	\$40.68				
2% COBRA Admin Fee	\$25.91	\$46.82	\$65.11				
Total	\$1,321.43	\$2,387.84	\$3,320.80				
	EE ONLY	FF : 1	FANALLY				
Dive Chield DDO ADUD Levy (\$1700)	EE ONLY	EE+1	FAMILY				
Blue Shield PPO ABHP Low (\$1700)	\$1,364.00		. ,				
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69				
VSP Choice EDC Admin Fee	\$5.08	\$10.13	\$16.32				
2% COBRA Admin Fee	\$13.56 \$28.65		\$40.68 \$71.97				
2% COBRA Admin Fee	\$28.05	\$51.72	\$/1.9/				
Total	\$1,461.17	\$2,637.74	\$3,670.66				
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>				
Blue Shield PPO Standard (\$200)	\$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				
Total	\$1,883.45	\$3,396.62	\$4,726.36				
	<b>EE ONLY</b>	<u>EE+1</u>	<u>FAMILY</u>				
Kaiser HMO	\$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				
Total	\$1,285.73	\$2,537.78	\$3,577.84				
(A	EE ONLY	<u>EE+1</u>	FAMILY				
Kaiser HMO ABHP (\$1700)		\$1,934.00	-				
Delta Dental PPO+Premier	\$49.88		•				
VSP Choice	\$5.08	•	-				
EDC Admin Fee	\$13.56	-	-				
2% COBRA Admin Fee	\$21.03	\$41.22	\$58.07				
Total	\$1,072.55	\$2,102.24	\$2,961.76				
Employee Assista	_	` '					
\$3.56 regardless of number enrolled							