2026 Health Insurance Plans (Effective January 1, 2026)

County BCTC, CNA, DSA, LEU, OSS

Aetna Full HMO	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	138.82	786.62	335.47	589.97	532.13	393.31	925.44	1850.88
Employee +1	277.63	1573.25	670.94	1179.94	1064.25	786.63	1850.88	3701.76
Employee + Family	392.85	2226.14	949.38	1669.61	1505.92	1113.07	2618.99	5237.98

Aetna AVN HMO	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	107.53	609.35	259.87	457.01	412.20	304.68	716.88	1433.76
Employee +1	215.06	1218.66	519.72	914.00	824.39	609.33	1433.72	2867.44
Employee + Family	304.31	1724.42	735.41	1293.32	1166.52	862.21	2028.73	4057.46

Aetna OAMC PPO ($300 Deductible)	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	270.81	812.43	473.92	609.32	677.02	406.22	1083.24	2166.48
Employee +1	541.62	1624.85	947.83	1218.64	1354.04	812.43	2166.47	4332.94
Employee + Family	766.38	2299.16	1341.17	1724.37	1915.96	1149.58	3065.54	6131.08

Aetna HDHP OAMC PPO	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	114.78	650.44	277.39	487.83	440.00	325.22	765.22	1530.44
Employee +1	229.57	1300.87	554.79	975.65	880.00	650.44	1530.44	3060.88
Employee + Family	324.84	1840.75	785.03	1380.56	1245.21	920.38	2165.59	4331.18

Kaiser HMO	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium[2]	Monthly Premium[2]
Employee Only	85.77	487.02	85.77	487.02	328.78	244.01	572.79	1145.58
Employee +1	171.54	973.05	414.55	730.04	657.56	487.03	1144.59	2289.18
Employee + Family	242.73	1376.45	586.59	1032.59	930.45	688.73	1619.18	3238.36

Kaiser HDHP	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee Cost	**County Cost**	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium[2]	Monthly Premium[2]
Employee Only	68.26	387.84	68.26	387.84	261.68	194.42	456.10	912.20
Employee +1	136.53	774.66	329.94	581.25	523.36	387.83	911.19	1822.38
Employee + Family	193.19	1095.73	466.87	822.05	740.55	548.37	1288.92	2577.84

Operating Engineers PPO, Dental & Vision	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	66.25	596.25	215.31	447.19	364.37	298.13	662.50	1325.00
Employee +1	132.50	1192.50	430.62	894.38	728.75	596.25	1325.00	2650.00
Employee + Family	178.85	1609.65	581.26	1207.24	983.67	804.83	1788.50	3577.00

Operating Engineers Kaiser, Dental & Vision	*Full Time Employees*		*3/4 Time Employees*		*1/2 Time Employees*		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	59.10	531.90	192.07	398.93	325.05	265.95	591.00	1182.00
Employee +1	118.15	1063.35	383.99	797.51	649.82	531.68	1181.50	2363.00
Employee + Family	154.15	1387.35	500.99	1040.51	847.82	693.68	1541.50	3083.00

2026 Health Insurance Plans (Effective January 1, 2026)

2026 Dental & Vision Contributions

	Cigna Dental PPO			
Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	*Core Dental Plan (No max, no ortho coverage)*		*Management Buy up- Core plus Buy-Up (4k Ortho Coverage)*	
	Employee Cost	County Cost[1]	Employee Cost	County Cost[1]
Employee Only	6.43	57.83	22.71	57.83
Employee + 1			39.85	
Employee + 2 ore more			52.32	

	Cigna Dental PPO							
All other represented employee groups	*Core Dental Plan (2.5k Max)*		*Year 2+ Actives - Core plus Buy-Up 1 (4k Max)*		*Year 2+ Actives - Core plus Buy-Up 2 (4k Ortho Coverage)*		*Year 2+ Actives - Core plus Buy-Up 3 (4k Max & 4k Ortho Coverage)*	
	Employee Cost	County Cost[1]	Employee Cost	County Cost[1]	Employee Cost	County Cost[1]	Employee Cost	County Cost[1]
Employee Only	5.19	46.67	11.98	46.67	17.18	46.67	23.42	46.67
Employee + 1			18.86		29.77		42.88	
Employee + 2 ore more			23.87		38.93		57.03	

	Cigna DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	2.15	19.34	0.00	8.01
All other represented employee groups	2.15	19.34		

	VSP Vision Care Buy-Up	
	Employee cost	County cost
Employee Only	2.79	8.01
Employee + 1	5.85	
Employee + 2 ore more	8.36	

*The annual premiums are divided into 24 pay periods

(2) Includes Kaiser Admin Fee that County picks up.