

2027 Health Insurance Plans (Effective January 1, 2027)

All Other Employees

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	156.72	888.10	378.74	666.08	600.77	444.05	1044.82	2089.64
Employee +1	313.45	1776.20	757.50	1332.15	1201.55	888.10	2089.65	4179.30
Employee + Family	443.53	2513.31	1071.86	1884.98	1700.18	1256.66	2956.84	5913.68

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	121.40	687.96	293.39	515.97	465.38	343.98	809.36	1618.72
Employee +1	242.80	1375.87	586.77	1031.90	930.73	687.94	1618.67	3237.34
Employee + Family	343.56	1946.87	830.28	1460.15	1316.99	973.44	2290.43	4580.86

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	305.74	917.24	535.05	687.93	764.36	458.62	1222.98	2445.96
Employee +1	611.49	1834.46	1070.10	1375.85	1528.72	917.23	2445.95	4891.90
Employee + Family	865.25	2595.74	1514.18	1946.81	2163.12	1297.87	3460.99	6921.98

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	129.59	734.35	313.18	550.76	496.76	367.18	863.94	1727.88
Employee +1	259.18	1468.69	626.35	1101.52	993.52	734.35	1727.87	3455.74
Employee + Family	366.74	2078.21	886.29	1558.66	1405.84	1039.11	2444.95	4889.90

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	86.18	489.33	86.18	489.33	330.34	245.17	575.51	1151.02
Employee +1	172.35	977.67	416.52	733.50	660.69	489.33	1150.02	2300.04
Employee + Family	243.88	1382.99	589.38	1037.49	934.88	691.99	1626.87	3253.74

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	68.59	389.68	68.59	389.68	262.93	195.34	458.27	916.54
Employee +1	137.18	778.36	331.52	584.02	525.86	389.68	915.54	1831.08
Employee + Family	194.11	1100.97	469.10	825.98	744.10	550.98	1295.08	2590.16

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	70.90	638.10	230.42	478.58	389.95	319.05	709.00	1418.00
Employee +1	141.75	1275.75	460.69	956.81	779.62	637.88	1417.50	2835.00
Employee + Family	191.35	1722.15	621.89	1291.61	1052.42	861.08	1913.50	3827.00

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	63.20	568.80	205.40	426.60	347.60	284.40	632.00	1264.00
Employee +1	126.45	1138.05	410.96	853.54	695.47	569.03	1264.50	2529.00
Employee + Family	164.90	1484.10	535.92	1113.08	906.95	742.05	1649.00	3298.00

2027 Health Insurance Plans (Effective January 1, 2027)

2027 Dental & Vision Contributions

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Cigna Dental PPO			
	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
	6.43	57.83	22.71	57.83
			39.85	
			52.32	
Employee Only				
Employee + 1				
Employee + 2 ore more				

All other represented employee groups	Cigna Dental PPO							
	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
	5.19	46.67	11.98	46.67	17.18	46.67	23.42	46.67
			18.86		29.77		42.88	
			23.87		38.93		57.03	
Employee Only								
Employee + 1								
Employee + 2 ore more								

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Cigna DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
	2.30	20.70	0.00	8.01
All other represented employee groups	2.30	20.70		

Employee Only	VSP Vision Care Buy-Up	
	Employee cost	County cost
	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.