

2027 Health Insurance Plans (Effective January 1, 2027)

Courts Employees

Aetna Full HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	1044.82	0.00	1044.82	0.00	1044.82	1044.82	2089.64
Employee +1	0.00	2089.65	0.00	2089.65	0.00	2089.65	2089.65	4179.30
Employee + Family	0.00	2956.84	0.00	2956.84	0.00	2956.84	2956.84	5913.68

Aetna AVN HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	809.36	0.00	809.36	0.00	809.36	809.36	1618.72
Employee +1	0.00	1618.67	0.00	1618.67	0.00	1618.67	1618.67	3237.34
Employee + Family	0.00	2290.43	0.00	2290.43	0.00	2290.43	2290.43	4580.86

Aetna OAMC PPO (\$300 Deductible)	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	122.30	1100.68	397.47	825.51	672.64	550.34	1222.98	2445.96
Employee +1	244.59	2201.36	794.93	1651.02	1345.27	1100.68	2445.95	4891.90
Employee + Family	346.10	3114.89	1124.82	2336.17	1903.54	1557.45	3460.99	6921.98

Aetna HDHP OAMC PPO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	863.94	0.00	863.94	0.00	863.94	863.94	1727.88
Employee +1	0.00	1727.87	0.00	1727.87	0.00	1727.87	1727.87	3455.74
Employee + Family	0.00	2444.95	0.00	2444.95	0.00	2444.95	2444.95	4889.90

Kaiser HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium ²	Monthly Premium ²
Employee Only	0.00	575.51	0.00	575.51	0.00	575.51	575.51	1151.02
Employee +1	0.00	1150.02	0.00	1150.02	0.00	1150.02	1150.02	2300.04
Employee + Family	0.00	1626.87	0.00	1626.87	0.00	1626.87	1626.87	3253.74

Kaiser HDHP	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium ²	Monthly Premium ²
Employee Only	0.00	458.27	0.00	458.27	0.00	458.27	458.27	916.54
Employee +1	0.00	915.54	0.00	915.54	0.00	915.54	915.54	1831.08
Employee + Family	0.00	1295.08	0.00	1295.08	0.00	1295.08	1295.08	2590.16

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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
	Employee Only	6.43	22.71	57.83
	Employee + 1		39.85	
	Employee + 2 ore more		52.32	

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
	Employee Only	5.19	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	

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		

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

*The annual premiums are divided into 24 pay periods

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