

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 |
| | \$889.00 | \$1,601.50 | \$2,226.00 | \$889.00 | \$1,601.50 | \$2,226.00 | \$889.00 | \$1,601.50 | \$2,226.00 |
| Blue Shield PPO Standard (\$200) | | | | | | | | | |
| 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 | EE+1 | FAMILY | EE ONLY | EE+1 | FAMILY | EE ONLY | EE+1 | 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 | EE+1 | FAMILY | EE ONLY | EE+1 | FAMILY | EE ONLY | EE+1 | 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 | EE+1 | FAMILY | EE ONLY | EE+1 | FAMILY | EE ONLY | EE+1 | 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 |
| 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 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.