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2026

Rate Sheets

Full Time Employees

2026 BENEFIT PREMIUM SCHEDULE

Full Time Employee
Effective January 1, 2026 Through December 31, 2026
Bargaining Units; 17, 20, 21, 22, 23, 24, 25, 26,27, 28, 29, 30, 32, 35, 36, 38, 40, 41 & 43

Medical Plans

Plan Options	Bi-Weekly			Monthly	
BLUE SHIELD NARROW NETWORK EPO	**Premium**	**County Contribution**	**Employee Deduction**	**Total Employee Deduction**	**Total County Contribution**
Employee Only	$570.19	$570.19	$0.00	$0.00	$1,140.38
with 1 Dependent (or Spouse)	$1,053.19	$708.19	$345.00	$690.00	$1,416.38
with 2 or More Dependents	$1,654.19	$1,123.19	$531.00	$1,062.00	$2,246.38
BLUE SHIELD EPO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$603.69	$603.69	$0.00	$0.00	$1,207.38
with 1 Dependent (or Spouse)	$1,114.19	$741.69	$372.50	$745.00	$1,483.38
with 2 or More Dependents	$1,750.19	$1,156.69	$593.50	$1,187.00	$2,313.38
BLUE SHIELD EPO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$699.19	$603.69	$95.50	$191.00	$1,207.38
with 1 Dependent (or Spouse)	$1,292.69	$741.69	$551.00	$1,102.00	$1,483.38
with 2 or More Dependents	$2,028.19	$1,156.69	$871.50	$1,743.00	$2,313.38
BLUE SHIELD PPO *(not HSA eligible)*	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$920.69	$603.69	$317.00	$634.00	$1,207.38
with 1 Dependent (or Spouse)	$1,700.69	$741.69	$959.00	$1,918.00	$1,483.38
with 2 or More Dependents	$2,673.19	$1,156.69	$1,516.50	$3,033.00	$2,313.38
BLUE SHIELD High Deductible Health Plan (HDHP)	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$525.69	$525.69	$0.00	$0.00	$1,051.38
with 1 Dependent (or Spouse)	$941.19	$663.69	$277.50	$555.00	$1,327.38
with 2 or More Dependents	$1,478.69	$1,078.69	$400.00	$800.00	$2,157.38
KAISER HMO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$465.19	$465.19	$0.00	$0.00	$930.38
with 1 Dependent (or Spouse)	$873.69	$603.19	$270.50	$541.00	$1,206.38
with 2 or More Dependents	$1,327.19	$1,018.19	$309.00	$618.00	$2,036.38
KAISER HMO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$484.19	$484.19	$0.00	$0.00	$968.38
with 1 Dependent (or Spouse)	$905.69	$622.19	$283.50	$567.00	$1,244.38
with 2 or More Dependents	$1,376.19	$1,037.19	$339.00	$678.00	$2,074.38

DENTAL PLANS

Plan Options	Bi-Weekly			Monthly	
COUNTY SELF-FUNDED DELTA DENTAL DPPO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$24.87	$13.03	$11.84	$23.68	$26.06
with 1 Dependent (or Spouse)	$41.53	$13.03	$28.50	$56.99	$26.06
with 2 or More Dependents	$63.60	$13.03	$50.57	$101.14	$26.06
DELTA DENTAL DeltaCareUSA DHMO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$16.44	$13.03	$3.41	$6.82	$26.06
with 1 Dependent (or Spouse)	$27.02	$13.03	$13.99	$27.98	$26.06
with 2 or More Dependents	$41.03	$13.03	$28.00	$55.99	$26.06

VISION PLANS

Plan Options	Bi-Weekly			Monthly	
VSP Vision	**Vision Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$3.18	N/A	$3.18	$6.36	NA
with 1 Dependent (or Spouse)	$4.57	N/A	$4.57	$9.14	NA
with 2 or More Dependents	$8.20	N/A	$8.20	$16.40	NA

*Paycheck deductions for medical, dental, and vision premiums are pre-tax
**County contribution amounts for the medical plans include the following subsidy rates: $138 for employee +1 and $553 for employee +2 or more dependents.Total monthly medical premiums include $2.37 for Employee Assistance and Life Balance.

2026 BENEFIT PREMIUM SCHEDULE

Full Time Employee
Effective January 1, 2026 Through December 31, 2026
Bargaining Units; 10, 11, 18, 19 & 44

Medical Plans

Plan Options	Bi-Weekly			Monthly	
BLUE SHIELD NARROW NETWORK EPO	**Premium**	**County Contribution**	**Employee Deduction**	**Total Employee Deduction**	**Total County Contribution**
Employee Only	$570.19	$570.19	$0.00	$0.00	$1,140.38
with 1 Dependent (or Spouse)	$1,053.19	$695.19	$358.00	$716.00	$1,390.38
with 2 or More Dependents	$1,654.19	$1,010.19	$644.00	$1,288.00	$2,020.38
BLUE SHIELD EPO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$603.69	$603.69	$0.00	$0.00	$1,207.38
with 1 Dependent (or Spouse)	$1,114.19	$728.69	$385.50	$771.00	$1,457.38
with 2 or More Dependents	$1,750.19	$1,043.69	$706.50	$1,413.00	$2,087.38
BLUE SHIELD EPO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$699.19	$603.69	$95.50	$191.00	$1,207.38
with 1 Dependent (or Spouse)	$1,292.69	$728.69	$564.00	$1,128.00	$1,457.38
with 2 or More Dependents	$2,028.19	$1,043.69	$984.50	$1,969.00	$2,087.38
BLUE SHIELD PPO *(not HSA eligible)*	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$920.69	$603.69	$317.00	$634.00	$1,207.38
with 1 Dependent (or Spouse)	$1,700.69	$728.69	$972.00	$1,944.00	$1,457.38
with 2 or More Dependents	$2,673.19	$1,043.69	$1,629.50	$3,259.00	$2,087.38
BLUE SHIELD High Deductible Health Plan (HDHP)	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$525.69	$525.69	$0.00	$0.00	$1,051.38
with 1 Dependent (or Spouse)	$941.19	$650.69	$290.50	$581.00	$1,301.38
with 2 or More Dependents	$1,478.69	$965.69	$513.00	$1,026.00	$1,931.38
KAISER HMO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$465.19	$465.19	$0.00	$0.00	$930.38
with 1 Dependent (or Spouse)	$873.69	$590.19	$283.50	$567.00	$1,180.38
with 2 or More Dependents	$1,327.19	$905.19	$422.00	$844.00	$1,810.38
KAISER HMO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$484.19	$484.19	$0.00	$0.00	$968.38
with 1 Dependent (or Spouse)	$905.69	$609.19	$296.50	$593.00	$1,218.38
with 2 or More Dependents	$1,376.19	$924.19	$452.00	$904.00	$1,848.38

DENTAL PLANS

Plan Options	Bi-Weekly			Monthly	
COUNTY SELF-FUNDED DELTA DENTAL DPPO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$24.87	$13.03	$11.84	$23.68	$26.06
with 1 Dependent (or Spouse)	$41.53	$13.03	$28.50	$56.99	$26.06
with 2 or More Dependents	$63.60	$13.03	$50.57	$101.14	$26.06
DELTA DENTAL DeltaCareUSA DHMO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$16.44	$13.03	$3.41	$6.82	$26.06
with 1 Dependent (or Spouse)	$27.02	$13.03	$13.99	$27.98	$26.06
with 2 or More Dependents	$41.03	$13.03	$28.00	$55.99	$26.06

VISION PLANS

Plan Options	Bi-Weekly			Monthly	
VSP Vision	**Vision Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$3.18	N/A	$3.18	$6.36	NA
with 1 Dependent (or Spouse)	$4.57	N/A	$4.57	$9.14	NA
with 2 or More Dependents	$8.20	N/A	$8.20	$16.40	NA

*Paycheck deduction for medical, dental, and vision benefit premiums are pre-tax
**County contribution amounts for the medical plans include the following subsidy rates: $125 for employee +1 and $440 for employee +2 or more dependents.Total monthly medical premiums include $2.37 for Employee Assistance and Life Balance.

2026 BENEFIT PREMIUM SCHEDULE

Full Time Employee
Effective January 1, 2026 Through December 31, 2026
Bargaining Units 12 & 13

Medical Plans

Plan Options	Bi-Weekly			Monthly	
BLUE SHIELD NARROW NETWORK EPO	**Premium**	**County Contribution**	**Employee Deduction**	**Total Employee Deduction**	**Total County Contribution**
Employee Only	$570.19	$570.19	$0.00	$0.00	$1,140.38
with 1 Dependent (or Spouse)	$1,053.19	$620.19	$433.00	$866.00	$1,240.38
with 2 or More Dependents	$1,654.19	$880.19	$774.00	$1,548.00	$1,760.38
BLUE SHIELD EPO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$603.69	$603.69	$0.00	$0.00	$1,207.38
with 1 Dependent (or Spouse)	$1,114.19	$653.69	$460.50	$921.00	$1,307.38
with 2 or More Dependents	$1,750.19	$913.69	$836.50	$1,673.00	$1,827.38
BLUE SHIELD EPO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$699.19	$603.69	$95.50	$191.00	$1,207.38
with 1 Dependent (or Spouse)	$1,292.69	$653.69	$639.00	$1,278.00	$1,307.38
with 2 or More Dependents	$2,028.19	$913.69	$1,114.50	$2,229.00	$1,827.38
BLUE SHIELD PPO *(not HSA eligible)*	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$920.69	$603.69	$317.00	$634.00	$1,207.38
with 1 Dependent (or Spouse)	$1,700.69	$653.69	$1,047.00	$2,094.00	$1,307.38
with 2 or More Dependents	$2,673.19	$913.69	$1,759.50	$3,519.00	$1,827.38
BLUE SHIELD High Deductible Health Plan (HDHP)	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$525.69	$525.69	$0.00	$0.00	$1,051.38
with 1 Dependent (or Spouse)	$941.19	$575.69	$365.50	$731.00	$1,151.38
with 2 or More Dependents	$1,478.69	$835.69	$643.00	$1,286.00	$1,671.38
KAISER HMO LOW OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$465.19	$465.19	$0.00	$0.00	$930.38
with 1 Dependent (or Spouse)	$873.69	$515.19	$358.50	$717.00	$1,030.38
with 2 or More Dependents	$1,327.19	$775.19	$552.00	$1,104.00	$1,550.38
KAISER HMO HIGH OPTION	**Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$484.19	$484.19	$0.00	$0.00	$968.38
with 1 Dependent (or Spouse)	$905.69	$534.19	$371.50	$743.00	$1,068.38
with 2 or More Dependents	$1,376.19	$794.19	$582.00	$1,164.00	$1,588.38

DENTAL PLANS

Plan Options	Bi-Weekly			Monthly	
COUNTY SELF-FUNDED DELTA DENTAL DPPO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$24.87	$13.03	$11.84	$23.68	$26.06
with 1 Dependent (or Spouse)	$41.53	$13.03	$28.50	$56.99	$26.06
with 2 or More Dependents	$63.60	$13.03	$50.57	$101.14	$26.06
DELTA DENTAL DeltaCareUSA DHMO	**Dental Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$16.44	$13.03	$3.41	$6.82	$26.06
with 1 Dependent (or Spouse)	$27.02	$13.03	$13.99	$27.98	$26.06
with 2 or More Dependents	$41.03	$13.03	$28.00	$55.99	$26.06

VISION PLANS

Plan Options	Bi-Weekly			Monthly	
VSP Vision	**Vision Premium**	**County Contribution**	**Employee Deduction**	**Total Deduction**	**Total County Contribution**
Employee Only	$3.18	N/A	$3.18	$6.36	NA
with 1 Dependent (or Spouse)	$4.57	N/A	$4.57	$9.14	NA
with 2 or More Dependents	$8.20	N/A	$8.20	$16.40	NA

*Paycheck deductions for medical, dental, and vision premiums are pre-tax
**County contribution amounts for the medical plans include the following subsidy rates: $50 for employee +1 and $310 for employee +2 or more dependents.Total monthly medical premiums include $2.37 for Employee Assistance and Life Balance.

2026 Health Rate Sheet: DSA

2026 DSA Allocation: $ 3,427,487.42

*Rates listed are twice monthly

Health Plan	Coverage	Bi-Weekly Plan Cost	Regular County Contribution	Dependent Spouse Regular County Contribution	Regular Employee Cost	2026 DSA Add'l Contr. %	2026 DSA Add'l Contribution	2026 Dependent Spouse DSA Add'l Contribution	Remaining Employee Cost
Blue Shield EPO Low	Employee Only	$ 603.69	$ (603.69)	$ -	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Low	Employee + 1	$ 1,114.19	$ (603.69)	$ -	$ 510.50	59.4470%	$ (303.47)	$ -	$ 207.03
Blue Shield EPO Low	Family	$ 1,750.19	$ (603.69)	$ -	$ 1,146.50	59.4470%	$ (681.56)	$ -	$ 464.94
Blue Shield EPO Low	CC - Employee + 1	$ 1,114.19	$ (603.69)	$ (510.50)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Low	CC - Family	$ 1,750.19	$ (603.69)	$ (602.63)	$ 543.88	59.4470%	$ (543.87)	$ -	$ -
Blue Shield EPO Low	CC both DSA - Employee + 1	$ 1,114.19	$ (603.69)	$ (510.50)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Low	CC both DSA - Family	$ 1,750.19	$ (603.69)	$ (602.63)	$ 543.88	59.4470%	$ (543.87)	$ -	$ -
Blue Shield EPO High	Employee Only	$ 699.19	$ (603.69)	$ -	$ 95.50	59.4470%	$ (56.77)	$ -	$ 38.73
Blue Shield EPO High	Employee + 1	$ 1,292.69	$ (603.69)	$ -	$ 689.00	59.4470%	$ (409.58)	$ -	$ 279.42
Blue Shield EPO High	Family	$ 2,028.19	$ (603.69)	$ -	$ 1,424.50	59.4470%	$ (846.82)	$ -	$ 577.68
Blue Shield EPO High	CC - Employee + 1	$ 1,292.69	$ (603.69)	$ (602.63)	$ 86.38	59.4470%	$ (86.37)	$ -	$ -
Blue Shield EPO High	CC - Family	$ 2,028.19	$ (603.69)	$ (602.63)	$ 821.88	59.4470%	$ (821.87)	$ -	$ -
Blue Shield EPO High	CC - Both DSA - Employee + 1	$ 1,292.69	$ (603.69)	$ (602.63)	$ 86.38	59.4470%	$ (86.37)	$ -	$ -
Blue Shield EPO High	CC - Both DSA - Family	$ 2,028.19	$ (603.69)	$ (602.63)	$ 821.88	59.4470%	$ (821.87)	$ -	$ -
Blue Shield PPO	Employee Only	$ 920.69	$ (603.69)	$ -	$ 317.00	59.4470%	$ (188.44)	$ -	$ 128.56
Blue Shield PPO	Employee + 1	$ 1,700.69	$ (603.69)	$ -	$ 1,097.00	59.4470%	$ (652.13)	$ -	$ 444.87
Blue Shield PPO	Family	$ 2,673.19	$ (603.69)	$ -	$ 2,069.50	59.4470%	$ (1,230.25)	$ -	$ 839.25
Blue Shield PPO	CC - Employee + 1	$ 1,700.69	$ (603.69)	$ (602.63)	$ 494.38	59.4470%	$ (494.37)	$ -	$ -
Blue Shield PPO	CC - Family	$ 2,673.19	$ (603.69)	$ (602.63)	$ 1,466.88	59.4470%	$ (1,230.25)	$ -	$ 236.62
Blue Shield PPO	CC - both DSA - Employee + 1	$ 1,700.69	$ (603.69)	$ (602.63)	$ 494.38	59.4470%	$ (494.37)	$ -	$ -
Blue Shield PPO	CC - both DSA - Family	$ 2,673.19	$ (603.69)	$ (602.63)	$ 1,466.88	59.4470%	$ (1,230.25)	$ (236.62)	$ -
Blue Shield High Deductible PPO	Employee Only	$ 525.69	$ (525.69)	$ -	$ -	59.4470%	$ -	$ -	$ -
Blue Shield High Deductible PPO	Employee + 1	$ 941.19	$ (525.69)	$ -	$ 415.50	59.4470%	$ (247.00)	$ -	$ 168.50
Blue Shield High Deductible PPO	Family	$ 1,478.69	$ (525.69)	$ -	$ 953.00	59.4470%	$ (566.53)	$ -	$ 386.47
Blue Shield High Deductible PPO	CC - Employee + 1	$ 941.19	$ (525.69)	$ (415.50)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield High Deductible PPO	CC - Family	$ 1,478.69	$ (525.69)	$ (524.63)	$ 428.38	59.4470%	$ (428.37)	$ -	$ -
Blue Shield High Deductible PPO	CC both DSA - Employee + 1	$ 941.19	$ (525.69)	$ (415.50)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield High Deductible PPO	CC both DSA- Family	$ 1,478.69	$ (525.69)	$ (524.63)	$ 428.38	59.4470%	$ (428.37)	$ -	$ -
Blue Shield EPO Tandem Narrow Netw	Employee Only	$ 570.19	$ (570.19)	$ -	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Tandem Narrow Netw	Employee + 1	$ 1,053.19	$ (570.19)	$ -	$ 483.00	59.4470%	$ (287.12)	$ -	$ 195.88
Blue Shield EPO Tandem Narrow Netw	Family	$ 1,654.19	$ (570.19)	$ -	$ 1,084.00	59.4470%	$ (644.40)	$ -	$ 439.60
Blue Shield EPO Tandem Narrow Netw	CC - Employee + 1	$ 1,053.19	$ (570.19)	$ (483.00)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Tandem Narrow Netw	CC - Family	$ 1,654.19	$ (570.19)	$ (569.13)	$ 514.88	59.4470%	$ (514.87)	$ -	$ -
Blue Shield EPO Tandem Narrow Netw	CC both DSA - Employee + 1	$ 1,053.19	$ (570.19)	$ (483.00)	$ -	59.4470%	$ -	$ -	$ -
Blue Shield EPO Tandem Narrow Netw	CC both DSA - Family	$ 1,654.19	$ (570.19)	$ (569.13)	$ 514.88	59.4470%	$ (514.87)	$ -	$ -
Kaiser HMO Low Option	Employee Only	$ 465.19	$ (465.19)	$ -	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO Low Option	Employee + 1	$ 873.69	$ (465.19)	$ -	$ 408.50	59.4470%	$ (242.84)	$ -	$ 165.66
Kaiser HMO Low Option	Family	$ 1,327.19	$ (465.19)	$ -	$ 862.00	59.4470%	$ (512.43)	$ -	$ 349.57
Kaiser HMO Low Option	CC - Employee + 1	$ 873.69	$ (465.19)	$ (408.50)	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO Low Option	CC - Family	$ 1,327.19	$ (465.19)	$ (464.13)	$ 397.88	59.4470%	$ (397.87)	$ -	$ -
Kaiser HMO Low Option	CC both DSA - Employee + 1	$ 873.69	$ (465.19)	$ (408.50)	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO Low Option	CC both DSA- Family	$ 1,327.19	$ (465.19)	$ (464.13)	$ 397.88	59.4470%	$ (397.87)	$ -	$ -
Kaiser HMO High	Employee Only	$ 484.19	$ (484.19)	$ -	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO High	Employee + 1	$ 905.69	$ (484.19)	$ -	$ 421.50	59.4470%	$ (250.56)	$ -	$ 170.94
Kaiser HMO High	Family	$ 1,376.19	$ (484.19)	$ -	$ 892.00	59.4470%	$ (530.26)	$ -	$ 361.74
Kaiser HMO High	CC - Employee + 1	$ 905.69	$ (484.19)	$ (421.50)	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO High	CC - Family	$ 1,376.19	$ (484.19)	$ (483.13)	$ 408.88	59.4470%	$ (408.87)	$ -	$ -
Kaiser HMO High	CC both DSA - Employee + 1	$ 905.69	$ (484.19)	$ (421.50)	$ -	59.4470%	$ -	$ -	$ -
Kaiser HMO High	CC Both DSA - Family	$ 1,376.19	$ (484.19)	$ (483.13)	$ 408.88	59.4470%	$ (408.87)	$ -	$ -