2026 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements[1]

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	Bi-weekly Rates Eff. 12/08/2025 for Coverage Eff. 12/22/2025	$ Change from Current	% Change from Current	EXEC MGMT Employee Pays	CEMA & CONF ADMIN Employee Pays	SEIU & CONF CLERICAL Employee Pays	PROBATION PEACE OFFICERS Employee Pays	E&A Employee Pays
KAISER PERMANENTE HMO									
Employee	$487.84	$515.12	$27.28	5.59%	$30.91	$6.73	$0.00	$0.00	$0.00
Employee & Spouse	$1,024.46	$1,081.75	$57.29	5.59%	$64.91	$14.14	$13.02	$13.30	$13.02
Employee & Children	$878.11	$927.22	$49.11	5.59%	$55.63	$12.12	$11.16	$11.40	$11.16
Employee & Family	$1,414.74	$1,493.86	$79.12	5.59%	$89.63	$19.52	$17.98	$18.37	$17.98
VALLEY HEALTH PLAN HMO									
Employee	$646.42	$856.97	$210.55	32.57%	$34.28	$0.00	$0.00	$0.00	$0.00
Employee & Spouse	$1,357.48	$1,799.64	$442.16	32.57%	$71.99	$0.00	$0.00	$0.00	$0.00
Employee & Children	$1,163.55	$1,542.56	$379.01	32.57%	$61.70	$0.00	$0.00	$0.00	$0.00
Employee & Family	$1,874.58	$2,485.18	$610.60	32.57%	$99.41	$0.00	$0.00	$0.00	$0.00
HEALTH NET POS PLAN									
Employee	$820.86	$876.19	$55.33	6.89%	$52.57	$12.85	$0.00	$0.00	$0.00
Employee & Family	$1,737.99	$1,855.16	$117.17	6.89%	$111.31	$27.21	$52.83	$52.83	$64.40
DELTA DENTAL PPO PLAN									
Employee & Family	$54.23	$55.85	$1.62	2.99%	$0.00	$0.00	$0.00	$0.00	$0.00
LIBERTY DENTAL HMO PLAN									
Employee & Family	$18.12	$18.12	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00
VISION SERVICE PLAN (VSP)									
Employee & Family	$4.04	$4.04	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00

[1]Rates are guaranteed through December 2026. Employee cost share is subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.

2026 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements[1]

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	Bi-weekly Rates Eff. 12/08/2025 for Coverage Eff. 12/22/2025	$ Change from Current	% Change from Current	CORRECTIONAL PEACE OFFICERS Employee Pays	PARK RANGERS Employee Pays	DSA Employee Pays	GAA Employee Pays	CCAA Employee Pays	ESC Employee Pays
KAISER PERMANENTE HMO										
Employee	$487.84	$515.12	$27.28	5.59%	$0.00	$6.73	$0.00	$7.04	$10.30	$6.73
Employee & Spouse	$1,024.46	$1,081.75	$57.29	5.59%	$13.75	$45.78	$58.49	$29.92	$58.49	$14.14
Employee & Children	$878.11	$927.22	$49.11	5.59%	$11.79	$39.24	$50.14	$25.64	$50.14	$12.12
Employee & Family	$1,414.74	$1,493.86	$79.12	5.59%	$18.99	$63.21	$80.77	$41.31	$80.78	$19.52
VALLEY HEALTH PLAN HMO										
Employee	$646.42	$856.97	$210.55	32.57%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Spouse	$1,357.48	$1,799.64	$442.16	32.57%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Children	$1,163.55	$1,542.56	$379.01	32.57%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Family	$1,874.58	$2,485.18	$610.60	32.57%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
HEALTH NET POS PLAN										
Employee	$820.86	$876.19	$55.33	6.89%	$0.00	$12.85	$0.00	$13.07	$17.52	$12.85
Employee & Family	$1,737.99	$1,855.16	$117.17	6.89%	$64.40	$68.78	$132.39	$97.00	$132.39	$27.21
DELTA DENTAL PPO PLAN										
Employee & Family	$54.23	$55.85	$1.62	2.99%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
LIBERTY DENTAL HMO PLAN										
Employee & Family	$18.12	$18.12	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
VISION SERVICE PLAN (VSP)										
Employee & Family	$4.04	$4.04	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	Bi-weekly Rates Eff. 12/08/2025 for Coverage Eff. 12/22/2025	$ Change from Current	% Change from Current	BTC Employee Pays	DAIA Employee Pays	UAPD Employee Pays	VPG Employee Pays	CIR Employee Pays	RNPA Employee Pays
KAISER PERMANENTE HMO										
Employee	$487.84	$515.12	$27.28	5.59%	$6.73	$0.00	$6.73	$6.73	$0.00	$0.00
Employee & Spouse	$1,024.46	$1,081.75	$57.29	5.59%	$14.14	$58.49	$14.14	$14.14	$0.00	$13.30
Employee & Children	$878.11	$927.22	$49.11	5.59%	$12.12	$50.14	$12.12	$12.12	$0.00	$11.40
Employee & Family	$1,414.74	$1,493.86	$79.12	5.59%	$19.52	$80.77	$19.52	$19.52	$0.00	$18.37
VALLEY HEALTH PLAN HMO										
Employee	$646.42	$856.97	$210.55	32.57%	$0.00	$0.00	$0.00	$0.00	$128.48	$0.00
Employee & Spouse	$1,357.48	$1,799.64	$442.16	32.57%	$0.00	$0.00	$0.00	$0.00	$269.80	$0.00
Employee & Children	$1,163.55	$1,542.56	$379.01	32.57%	$0.00	$0.00	$0.00	$0.00	$231.24	$0.00
Employee & Family	$1,874.58	$2,485.18	$610.60	32.57%	$0.00	$0.00	$0.00	$0.00	$372.58	$0.00
HEALTH NET POS PLAN										
Employee	$820.86	$876.19	$55.33	6.89%	$12.85	$0.00	$12.85	$12.85	$262.55	$0.00
Employee & Family	$1,737.99	$1,855.16	$117.17	6.89%	$27.21	$141.24	$27.21	$27.21	$425.88	$19.55
DELTA DENTAL PPO PLAN										
Employee & Family	$54.23	$55.85	$1.62	2.99%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
LIBERTY DENTAL HMO PLAN										
Employee & Family	$18.12	$18.12	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
VISION SERVICE PLAN (VSP)										
Employee & Family	$4.04	$4.04	$0.00	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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