

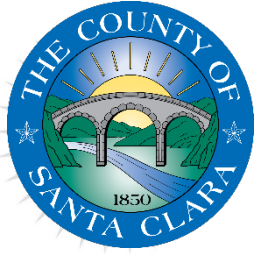
2027 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

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. 12/07/2026 for Coverage Eff. 12/21/2026	\$ 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		\$515.12	\$540.88	\$25.76	5.00%	\$32.45	\$6.73	\$0.00	\$0.00	\$0.00
Employee & Spouse		\$1,081.75	\$1,135.86	\$54.11	5.00%	\$68.15	\$14.14	\$13.02	\$13.30	\$13.02
Employee & Children		\$927.22	\$973.59	\$46.37	5.00%	\$58.42	\$12.12	\$11.16	\$11.40	\$11.16
Employee & Family		\$1,493.86	\$1,568.56	\$74.70	5.00%	\$94.11	\$19.52	\$17.98	\$18.37	\$17.98
VALLEY HEALTH PLAN HMO										
Employee		\$856.97	\$918.09	\$61.12	7.13%	\$36.72	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse		\$1,799.64	\$1,927.99	\$128.35	7.13%	\$77.12	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children		\$1,542.56	\$1,652.57	\$110.01	7.13%	\$66.10	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family		\$2,485.18	\$2,662.42	\$177.24	7.13%	\$106.50	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN										
Employee		\$876.19	\$951.98	\$75.79	8.65%	\$57.12	\$12.85	\$0.00	\$0.00	\$0.00
Employee & Family		\$1,855.16	\$2,015.63	\$160.47	8.65%	\$120.94	\$27.21	\$52.83	\$52.83	\$64.40
DELTA DENTAL PPO PLAN										
Employee & Family		\$55.85	\$55.29	\$(0.56)	-1.00%	\$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
VISION SERVICE PLAN (VSP)										
Employee & Family		\$4.04	\$4.04	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

¹Rates are guaranteed through December 2027. Employee cost share is subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.



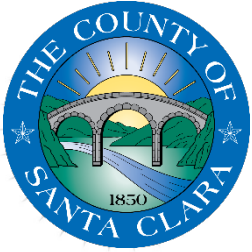
2027 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

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. 12/07/2026 for Coverage Eff. 12/21/2026	\$ 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	\$515.12	\$540.88	\$25.76	5.00%	\$0.00	\$6.73	\$0.00	\$7.04	\$10.82	\$6.73
Employee & Spouse	\$1,081.75	\$1,135.86	\$54.11	5.00%	\$13.75	\$51.19	\$63.90	\$35.33	\$63.90	\$14.14
Employee & Children	\$927.22	\$973.59	\$46.37	5.00%	\$11.79	\$43.87	\$54.77	\$30.28	\$54.77	\$12.12
Employee & Family	\$1,493.86	\$1,568.56	\$74.70	5.00%	\$18.99	\$70.68	\$88.24	\$48.78	\$88.25	\$19.52
VALLEY HEALTH PLAN HMO										
Employee	\$856.97	\$918.09	\$61.12	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$1,799.64	\$1,927.99	\$128.35	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$1,542.56	\$1,652.57	\$110.01	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$2,485.18	\$2,662.42	\$177.24	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN										
Employee	\$876.19	\$951.98	\$75.79	8.65%	\$0.00	\$12.85	\$0.00	\$13.07	\$19.04	\$12.85
Employee & Family	\$1,855.16	\$2,015.63	\$160.47	8.65%	\$64.40	\$84.83	\$148.44	\$113.04	\$148.44	\$27.21
DELTA DENTAL PPO PLAN										
Employee & Family	\$55.85	\$55.29	\$(0.56)	-1.00%	\$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

¹Rates are guaranteed through December 2027. Employee cost share is subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.



2027 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

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. 12/07/2026 for Coverage Eff. 12/21/2026	\$ 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	\$515.12	\$540.88	\$25.76	5.00%	\$6.73	\$0.00	\$6.73	\$6.73	\$0.00	\$0.00
Employee & Spouse	\$1,081.75	\$1,135.86	\$54.11	5.00%	\$14.14	\$63.90	\$14.14	\$14.14	\$0.00	\$13.30
Employee & Children	\$927.22	\$973.59	\$46.37	5.00%	\$12.12	\$54.77	\$12.12	\$12.12	\$0.00	\$11.40
Employee & Family	\$1,493.86	\$1,568.56	\$74.70	5.00%	\$19.52	\$88.24	\$19.52	\$19.52	\$0.00	\$18.37
VALLEY HEALTH PLAN HMO										
Employee	\$856.97	\$918.09	\$61.12	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$134.59	\$0.00
Employee & Spouse	\$1,799.64	\$1,927.99	\$128.35	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$282.63	\$0.00
Employee & Children	\$1,542.56	\$1,652.57	\$110.01	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$242.24	\$0.00
Employee & Family	\$2,485.18	\$2,662.42	\$177.24	7.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$390.30	\$0.00
HEALTH NET POS PLAN										
Employee	\$876.19	\$951.98	\$75.79	8.65%	\$12.85	\$0.00	\$12.85	\$12.85	\$270.13	\$0.00
Employee & Family	\$1,855.16	\$2,015.63	\$160.47	8.65%	\$27.21	\$157.29	\$27.21	\$27.21	\$441.93	\$19.55
DELTA DENTAL PPO PLAN										
Employee & Family	\$55.85	\$55.29	\$(0.56)	-1.00%	\$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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