Attachment A: 2027 Employee and Non-Medicare Retiree HMO Health Plan Rate Tables

2027 EMPLOYEE HEALTH PLAN RATE TABLES

With Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	2027 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER CHOICE					
EMPLOYEE ONLY	$908.24	$819.10	$41.14	$462.51	$205.72
EMPLOYEE / 1 DEPENDENT	$1,816.48	$1,370.75	$205.72	$702.19	$514.29
EMPLOYEE W/TWO OR MORE DEPENDENTS	$2,570.32	$1,939.63	$291.09	$993.59	$727.72
CIGNA CHOICE					
EMPLOYEE ONLY	$1,293.09	$1,165.02	$59.11	$652.75	$295.54
EMPLOYEE / 1 DEPENDENT	$2,555.02	$1,921.79	$292.26	$971.97	$730.64
EMPLOYEE W/TWO OR MORE DEPENDENTS	$3,554.40	$2,672.89	$406.85	$1,350.66	$1,017.11
CIGNA SELECT					
EMPLOYEE ONLY	$1,038.41	$935.58	$47.46	$524.28	$237.29
EMPLOYEE / 1 DEPENDENT	$2,052.13	$1,543.55	$234.73	$780.69	$586.82
EMPLOYEE W/TWO OR MORE DEPENDENTS	$2,855.16	$2,147.01	$326.84	$1,084.76	$817.11
			Effective every pay period beginning with pay period 01,2027		

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2027 EMPLOYEE HEALTH PLAN RATE TABLES

Without Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	2027 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER CHOICE					
EMPLOYEE ONLY	$908.24	$774.52	$61.72	$417.95	$226.29
EMPLOYEE / 1 DEPENDENT	$1,816.48	$1,281.62	$246.86	$613.03	$555.44
EMPLOYEE W/TWO OR MORE DEPENDENTS	$2,570.32	$1,813.49	$349.31	$867.45	$785.94
CIGNA CHOICE					
EMPLOYEE ONLY	$1,293.09	$1,101.00	$88.66	$588.71	$325.10
EMPLOYEE / 1 DEPENDENT	$2,555.02	$1,795.15	$350.71	$845.33	$789.09
EMPLOYEE W/TWO OR MORE DEPENDENTS	$3,554.40	$2,496.62	$488.21	$1,174.36	$1,098.48
CIGNA SELECT					
EMPLOYEE ONLY	$1,038.41	$884.17	$71.19	$472.87	$261.02
EMPLOYEE / 1 DEPENDENT	$2,052.13	$1,441.85	$281.67	$678.96	$633.77
EMPLOYEE W/TWO OR MORE DEPENDENTS	$2,855.16	$2,005.38	$392.21	$943.12	$882.48
			Effective every pay period beginning with pay period 01,2027		

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2027 NON-MEDICARE RETIREE HEALTH PLAN RATE TABLES

	HEALTH MAINTENANCE PLANS (HMO)		
RETIREE ENROLLMENT STATUS	**Kaiser Health Plan Monthly Rate**	**Cigna Choice HMO Plan Monthly Rate**	**Cigna Select HMO Plan Monthly Rate**
RETIREE ONLY			
Retiree Only	$1,089.80	$1,551.06	$1,245.44
Spouse Only	$1,089.80	$1,551.06	$1,245.44
Child(ren) Only*	$1,089.80	$1,551.06	$1,245.44
RETIREE WITH 1 DEPENDENT*			
Retree + Spouse	$2,179.60	$3,064.41	$2,460.94
Retiree + Child(ren)*	$2,179.60	$3,064.41	$2,460.94
Spouse + Child(ren)*	$2,179.60	$3,064.41	$2,460.94
RETIREE WITH/2+ DEPENDENTS			
Retree + Spouse+ Child(ren)*	$3,084.13	$4,262.69	$3,423.60
* Children are considered 1 dependent			