**Attachment A: 2027 Employee and Non-Medicare Retiree PPO 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 |
| **WELLWISE CHOICE** | | | | | |
| EMPLOYEE ONLY | $1,361.41 | $1,229.11 | $61.06 | $699.93 | $305.30 |
| EMPLOYEE / 1 DEPENDENT | $2,518.60 | $1,906.71 | $282.41 | $988.91 | $706.01 |
| EMPLOYEE W/TWO OR MORE DEPENDENTS | $3,403.52 | $2,576.66 | $381.63 | $1,336.37 | $954.07 |
| | | | | | |
| **SHAREWELL CHOICE*** | | | | | |
| EMPLOYEE ONLY | $895.13 | $932.90 | ($17.43) | $895.13 | $0.00 |
| EMPLOYEE / 1 DEPENDENT | $1,566.41 | $1,599.00 | ($15.04) | $763.47 | $370.59 |
| EMPLOYEE W/TWO OR MORE DEPENDENTS | $2,058.77 | $2,085.88 | ($12.51) | $1,003.45 | $487.07 |
| | | | | | |

* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

Effective every pay period beginning with pay period 01, 2027

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

**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 |
| **WELLWISE CHOICE** | | | | | |
| EMPLOYEE ONLY | $1,361.41 | $1,162.97 | $91.59 | $633.78 | $335.83 |
| EMPLOYEE / 1 DEPENDENT | $2,518.60 | $1,784.34 | $338.89 | $866.54 | $762.49 |
| EMPLOYEE W/TWO OR MORE DEPENDENTS | $3,403.52 | $2,411.30 | $457.95 | $1,170.99 | $1,030.40 |
| | | | | | |
| **SHAREWELL CHOICE*** | | | | | |
| EMPLOYEE ONLY | $895.13 | $932.90 | ($17.43) | $895.13 | $0.00 |
| EMPLOYEE / 1 DEPENDENT | $1,566.41 | $1,599.00 | ($15.04) | $763.47 | $370.59 |
| EMPLOYEE W/TWO OR MORE DEPENDENTS | $2,058.77 | $2,085.88 | ($12.51) | $1,003.45 | $487.07 |
| | | | | | |

* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

Effective every pay period beginning with pay period 01, 2027

## Attachment A: 2027 Employee and Non Medicare Retiree PPO Health Plan Rate Tables

### 2027 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE

| HEALTH PLAN AND ENROLLMENT STATUS | 2027 MONTHLY RATE | MONTHLY COUNTY COST | EMPLOYEE BIWEEKLY DEDUCTION |
|---|---|---|---|
| | | | |
| **SHAREWELL CHOICE**** | | | |
| EMPLOYEE ONLY | $895.13 | $765.23 | $59.95 |
| EMPLOYEE / 1 DEPENDENT | $1,566.41 | $0.00 | $722.96 |
| EMPLOYEE W/TWO OR MORE DEPENDENTS | $2,058.77 | $0.00 | $950.20 |

Effective every pay period beginning with pay period 01, 2027

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

### 2027 NON-MEDICARE RETIREE HEALTH PLAN RATE TABLE

| | PPO PLANS | |
|---|---|---|
| **RETIREE ENROLLMENT STATUS** | **Wellwise Retiree Plan Monthly Rate** | **Sharewell Retiree Plan Monthly Rate** |
| | | |
| **RETIREE ONLY** | | |
| Retiree Only | $1,633.69 | $1,074.15 |
| Spouse Only | $1,633.69 | $1,074.15 |
| Child(ren) Only* | $1,633.69 | $1,074.15 |
| | | |
| **RETIREE WITH 1 DEPENDENT*** | | |
| Retree + Spouse | $3,022.32 | $1,879.69 |
| Retiree + Child(ren)* | $3,022.32 | $1,879.69 |
| Spouse + Child(ren)* | $3,022.32 | $1,879.69 |
| | | |
| **RETIREE WITH/2+ DEPENDENTS** | | |
| Retree + Spouse+ Child(ren)* | $4,084.22 | $2,470.52 |
| | | |
| * Children are considered 1 dependent | | |