

2025 Health Insurance Plans (Effective January 1, 2025)

All Employees

Aetna Full HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	119.68	678.18	289.22	508.64	458.77	339.09	797.86	1595.72
Employee +1	239.36	1356.36	578.45	1017.27	917.54	678.18	1595.72	3191.44
Employee + Family	338.69	1919.25	818.50	1439.44	1298.31	959.63	2257.94	4515.88

Aetna AVN HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	92.71	525.34	224.04	394.01	355.38	262.67	618.05	1236.10
Employee +1	185.41	1050.66	448.07	788.00	710.74	525.33	1236.07	2472.14
Employee + Family	262.36	1486.69	634.03	1115.02	1005.70	743.35	1749.05	3498.10

Aetna OAMC PPO (\$200 Deductible)	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	254.44	763.33	445.27	572.50	636.10	381.67	1017.77	2035.54
Employee +1	528.46	1585.40	924.81	1189.05	1321.16	792.70	2113.86	4227.72
Employee + Family	768.97	2306.92	1345.70	1730.19	1922.43	1153.46	3075.89	6151.78

Aetna HDHP OAMC PPO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	98.96	560.77	239.15	420.58	379.34	280.39	659.73	1319.46
Employee +1	197.92	1121.54	478.30	841.16	758.69	560.77	1319.46	2638.92
Employee + Family	280.06	1586.99	676.81	1190.24	1073.55	793.50	1867.05	3734.10

Kaiser HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
Employee Only	72.11	409.61	72.11	409.61	276.41	205.31	481.72	963.44
Employee +1	144.21	818.22	348.52	613.91	552.82	409.61	962.43	1924.86
Employee + Family	204.06	1157.37	493.16	868.27	782.25	579.18	1361.43	2722.86

Kaiser HDHP	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee Cost	County Cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
Employee Only	57.37	326.09	57.37	326.09	219.91	163.55	383.46	766.92
Employee +1	114.74	651.17	277.28	488.63	439.82	326.09	765.91	1531.82
Employee + Family	162.35	921.00	392.35	691.00	622.35	461.00	1083.35	2166.70

Operating Engineers PPO, Dental & Vision	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	61.90	557.10	201.17	417.83	340.45	278.55	619.00	1238.00
Employee +1	123.80	1114.20	402.35	835.65	680.90	557.10	1238.00	2476.00
Employee + Family	167.15	1504.35	543.24	1128.26	919.32	752.18	1671.50	3343.00

Operating Engineers Kaiser, Dental & Vision	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
Employee Only	55.20	496.80	179.40	372.60	303.60	248.40	552.00	1104.00
Employee +1	110.40	993.60	358.80	745.20	607.20	496.80	1104.00	2208.00
Employee + Family	144.05	1296.45	468.16	972.34	792.27	648.23	1440.50	2881.00

2025 Dental & Vision Contributions

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Cigna Dental PPO			
	Core Dental Plan (No max. no ortho coverage)		Management Buy up- Core plus Buy-Up (4k Ortho Coverage)	
	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>
Employee Only			22.71	
Employee + 1	6.43	57.83	39.85	57.83
Employee + 2 ore more			52.32	

All other represented employee groups	Cigna Dental PPO							
	Core Dental Plan (2.5k Max)		Year 2+ Actives - Core plus Buy-Up 1 (4k Max)		Year 2+ Actives - Core plus Buy-Up 2 (4k Ortho Coverage)		Year 2+ Actives - Core plus Buy-Up 3 (4k Max & 4k Ortho Coverage)	
	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>
Employee Only			11.98		17.18		23.42	
Employee + 1	5.19	46.67	18.86	46.67	29.77	46.67	42.88	46.67
Employee + 2 ore more			23.87		38.93		57.03	

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Cigna DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
	2.15	19.34	0.00	8.01
All other represented employee groups	2.15	19.34		

All other represented employee groups	VSP Vision Care Buy-Up	
	Employee cost	County cost
Employee Only	2.79	
Employee + 1	5.85	8.01
Employee + 2 ore more	8.36	

<sup>1</sup>The annual premiums are divided into 24 pay periods

(2) Includes Kaiser Admin Fee that County picks up.