

## Active Employee Cost - Calendar Year 2027

### Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share\*

Effective January 1, 2027

| Medical Plans                                | Coverage Level                            | Employee Percentage | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|----------------------------------------------|-------------------------------------------|---------------------|----------------------------|----------------------------|
| <b>Point of Service Plans</b>                |                                           |                     |                            |                            |
| <b>Cigna OAP</b>                             | Individual                                | 19%                 | 101.40                     | 78.00                      |
|                                              | Individual + Spouse                       | 19%                 | 202.79                     | 156.00                     |
|                                              | Individual + Child                        | 19%                 | 202.79                     | 156.00                     |
|                                              | Family (Individual + Spouse + Child(ren)) | 19%                 | 275.93                     | 212.25                     |
|                                              | Family (Individual + Children)            | 19%                 | 275.93                     | 212.25                     |
| <b>Cigna OAP w/o Care Management</b>         | Individual                                | 26%                 | 143.23                     | 110.17                     |
|                                              | Individual + Spouse                       | 26%                 | 286.45                     | 220.34                     |
|                                              | Individual + Child                        | 26%                 | 286.45                     | 220.34                     |
|                                              | Family (Individual + Spouse + Child(ren)) | 26%                 | 389.74                     | 299.80                     |
|                                              | Family (Individual + Children)            | 26%                 | 389.74                     | 299.80                     |
| <b>Health Maintenance Organization Plans</b> |                                           |                     |                            |                            |
| <b>Cigna OAPIN</b>                           | Individual                                | 14%                 | 55.09                      | 42.37                      |
|                                              | Individual + Spouse                       | 14%                 | 103.53                     | 79.64                      |
|                                              | Individual + Child                        | 14%                 | 103.53                     | 79.64                      |
|                                              | Family (Individual + Spouse + Child(ren)) | 14%                 | 169.62                     | 130.48                     |
|                                              | Family (Individual + Children)            | 14%                 | 169.62                     | 130.48                     |
| <b>Cigna OAPIN w/o Care Management</b>       | Individual                                | 21%                 | 85.21                      | 65.55                      |
|                                              | Individual + Spouse                       | 21%                 | 160.16                     | 123.20                     |
|                                              | Individual + Child                        | 21%                 | 160.16                     | 123.20                     |
|                                              | Family (Individual + Spouse + Child(ren)) | 21%                 | 262.39                     | 201.84                     |
|                                              | Family (Individual + Children)            | 21%                 | 262.39                     | 201.84                     |
| <b>Kaiser Permanente HMO</b>                 | Individual                                | 14%                 | 67.81                      | 52.16                      |
|                                              | Individual + Spouse                       | 14%                 | 135.33                     | 104.10                     |
|                                              | Individual + Child                        | 14%                 | 135.33                     | 104.10                     |
|                                              | Family (Individual + Spouse + Child(ren)) | 14%                 | 196.09                     | 150.84                     |
|                                              | Family (Individual + Children)            | 14%                 | 196.09                     | 150.84                     |

| Supplemental Plans                    | Coverage Level                            | Employee Percentage | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|---------------------------------------|-------------------------------------------|---------------------|----------------------------|----------------------------|
| <b>Caremark Prescription</b>          | Individual                                | 19%                 | 30.52                      | 23.47                      |
|                                       | Individual + Spouse                       | 19%                 | 60.97                      | 46.90                      |
|                                       | Individual + Child                        | 19%                 | 60.97                      | 46.90                      |
|                                       | Family (Individual + Spouse + Child(ren)) | 19%                 | 75.24                      | 57.88                      |
|                                       | Family (Individual + Children)            | 19%                 | 75.24                      | 57.88                      |
| <b>Kaiser Permanente Prescription</b> | Individual                                | 19%                 | 11.69                      | 8.99                       |
|                                       | Individual + Spouse                       | 19%                 | 23.32                      | 17.94                      |
|                                       | Individual + Child                        | 19%                 | 23.32                      | 17.94                      |
|                                       | Family (Individual + Spouse + Child(ren)) | 19%                 | 33.79                      | 25.99                      |
|                                       | Family (Individual + Children)            | 19%                 | 33.79                      | 25.99                      |
| <b>CareFirst Dental PPO</b>           | Individual                                | 19%                 | 4.61                       | 3.55                       |
|                                       | Individual + Spouse                       | 19%                 | 9.23                       | 7.10                       |
|                                       | Individual + Child                        | 19%                 | 9.23                       | 7.10                       |
|                                       | Family (Individual + Spouse + Child(ren)) | 19%                 | 13.55                      | 10.43                      |
|                                       | Family (Individual + Children)            | 19%                 | 13.55                      | 10.43                      |
| <b>Aetna Dental DMO</b>               | Individual                                | 19%                 | 2.50                       | 1.92                       |
|                                       | Individual + Spouse                       | 19%                 | 4.99                       | 3.84                       |
|                                       | Individual + Child                        | 19%                 | 4.99                       | 3.84                       |
|                                       | Family (Individual + Spouse + Child(ren)) | 19%                 | 7.34                       | 5.64                       |
|                                       | Family (Individual + Children)            | 19%                 | 7.34                       | 5.64                       |
| <b>Davis Vision</b>                   | Individual                                | 19%                 | 0.24                       | 0.18                       |
|                                       | Individual + Spouse                       | 19%                 | 0.44                       | 0.34                       |
|                                       | Individual + Child                        | 19%                 | 0.44                       | 0.34                       |
|                                       | Family (Individual + Spouse + Child(ren)) | 19%                 | 0.56                       | 0.43                       |
|                                       | Family (Individual + Children)            | 19%                 | 0.56                       | 0.43                       |

\*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations [Employee Benefits web page](#)

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000

## Active Employee Cost - Calendar Year 2027

### Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2027

| Medical Plans                                | Coverage Level                            | Biweekly<br>10-Month<br>Employee | Biweekly<br>12-Month<br>Employee |
|----------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|
| <b>Point of Service Plans</b>                |                                           |                                  |                                  |
| <b>Cigna OAP</b>                             | Individual                                | 90.73                            | 69.79                            |
|                                              | Individual + Spouse                       | 181.45                           | 139.57                           |
|                                              | Individual + Child                        | 181.45                           | 139.57                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 246.88                           | 189.91                           |
|                                              | Family (Individual + Children)            | 246.88                           | 189.91                           |
| <b>Cigna OAP w/o Care Management</b>         | Individual                                | 132.21                           | 101.70                           |
|                                              | Individual + Spouse                       | 264.41                           | 203.39                           |
|                                              | Individual + Child                        | 264.41                           | 203.39                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 359.76                           | 276.74                           |
|                                              | Family (Individual + Children)            | 359.76                           | 276.74                           |
| <b>Health Maintenance Organization Plans</b> |                                           |                                  |                                  |
| <b>Cigna OAPIN</b>                           | Individual                                | 47.21                            | 36.32                            |
|                                              | Individual + Spouse                       | 88.74                            | 68.26                            |
|                                              | Individual + Child                        | 88.74                            | 68.26                            |
|                                              | Family (Individual + Spouse + Child(ren)) | 145.39                           | 111.84                           |
|                                              | Family (Individual + Children)            | 145.39                           | 111.84                           |
| <b>Cigna OAPIN w/o Care Management</b>       | Individual                                | 77.09                            | 59.30                            |
|                                              | Individual + Spouse                       | 144.90                           | 111.46                           |
|                                              | Individual + Child                        | 144.90                           | 111.46                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 237.40                           | 182.61                           |
|                                              | Family (Individual + Children)            | 237.40                           | 182.61                           |
| <b>Kaiser Permanente HMO</b>                 | Individual                                | 58.12                            | 44.71                            |
|                                              | Individual + Spouse                       | 115.99                           | 89.22                            |
|                                              | Individual + Child                        | 115.99                           | 89.22                            |
|                                              | Family (Individual + Spouse + Child(ren)) | 168.08                           | 129.29                           |
|                                              | Family (Individual + Children)            | 168.08                           | 129.29                           |

| Supplemental Plans                    | Coverage Level                            | Biweekly<br>10-Month<br>Employee | Biweekly<br>12-Month<br>Employee |
|---------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|
| <b>Caremark Prescription</b>          | Individual                                | 27.31                            | 21.00                            |
|                                       | Individual + Spouse                       | 54.56                            | 41.97                            |
|                                       | Individual + Child                        | 54.56                            | 41.97                            |
|                                       | Family (Individual + Spouse + Child(ren)) | 67.33                            | 51.79                            |
|                                       | Family (Individual + Children)            | 67.33                            | 51.79                            |
| <b>Kaiser Permanente Prescription</b> | Individual                                | 10.46                            | 8.04                             |
|                                       | Individual + Spouse                       | 20.87                            | 16.05                            |
|                                       | Individual + Child                        | 20.87                            | 16.05                            |
|                                       | Family (Individual + Spouse + Child(ren)) | 30.23                            | 23.26                            |
|                                       | Family (Individual + Children)            | 30.23                            | 23.26                            |
| <b>CareFirst Dental PPO</b>           | Individual                                | 4.13                             | 3.18                             |
|                                       | Individual + Spouse                       | 8.26                             | 6.35                             |
|                                       | Individual + Child                        | 8.26                             | 6.35                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 12.13                            | 9.33                             |
|                                       | Family (Individual + Children)            | 12.13                            | 9.33                             |
| <b>Aetna Dental DMO</b>               | Individual                                | 2.23                             | 1.72                             |
|                                       | Individual + Spouse                       | 4.46                             | 3.43                             |
|                                       | Individual + Child                        | 4.46                             | 3.43                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 6.56                             | 5.05                             |
|                                       | Family (Individual + Children)            | 6.56                             | 5.05                             |
| <b>Davis Vision</b>                   | Individual                                | 0.22                             | 0.17                             |
|                                       | Individual + Spouse                       | 0.40                             | 0.30                             |
|                                       | Individual + Child                        | 0.40                             | 0.30                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 0.50                             | 0.39                             |
|                                       | Family (Individual + Children)            | 0.50                             | 0.39                             |

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000

## Active Employee Cost - Calendar Year 2027

### Healthcare Costs

Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2027

| Medical Plans                                | Coverage Level                            | Biweekly<br>10-Month<br>Employee | Biweekly<br>12-Month<br>Employee |
|----------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|
| <b>Point of Service Plans</b>                |                                           |                                  |                                  |
| <b>Cigna OAP</b>                             | Individual                                | 96.06                            | 73.89                            |
|                                              | Individual + Spouse                       | 192.11                           | 147.78                           |
|                                              | Individual + Child                        | 192.11                           | 147.78                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 261.40                           | 201.07                           |
|                                              | Family (Individual + Children)            | 261.40                           | 201.07                           |
| <b>Cigna OAP w/o Care Management</b>         | Individual                                | 137.72                           | 105.94                           |
|                                              | Individual + Spouse                       | 275.43                           | 211.87                           |
|                                              | Individual + Child                        | 275.43                           | 211.87                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 374.75                           | 288.27                           |
|                                              | Family (Individual + Children)            | 374.75                           | 288.27                           |
| <b>Health Maintenance Organization Plans</b> |                                           |                                  |                                  |
| <b>Cigna OAPIN</b>                           | Individual                                | 51.15                            | 39.35                            |
|                                              | Individual + Spouse                       | 96.14                            | 73.95                            |
|                                              | Individual + Child                        | 96.14                            | 73.95                            |
|                                              | Family (Individual + Spouse + Child(ren)) | 157.51                           | 121.16                           |
|                                              | Family (Individual + Children)            | 157.51                           | 121.16                           |
| <b>Cigna OAPIN w/o Care Management</b>       | Individual                                | 81.15                            | 62.42                            |
|                                              | Individual + Spouse                       | 152.53                           | 117.33                           |
|                                              | Individual + Child                        | 152.53                           | 117.33                           |
|                                              | Family (Individual + Spouse + Child(ren)) | 249.89                           | 192.22                           |
|                                              | Family (Individual + Children)            | 249.89                           | 192.22                           |
| <b>Kaiser Permanente HMO</b>                 | Individual                                | 62.96                            | 48.43                            |
|                                              | Individual + Spouse                       | 125.66                           | 96.66                            |
|                                              | Individual + Child                        | 125.66                           | 96.66                            |
|                                              | Family (Individual + Spouse + Child(ren)) | 182.08                           | 140.06                           |
|                                              | Family (Individual + Children)            | 182.08                           | 140.06                           |

| Supplemental Plans                    | Coverage Level                            | Biweekly<br>10-Month<br>Employee | Biweekly<br>12-Month<br>Employee |
|---------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|
| <b>Caremark Prescription</b>          | Individual                                | 28.91                            | 22.24                            |
|                                       | Individual + Spouse                       | 57.77                            | 44.44                            |
|                                       | Individual + Child                        | 57.77                            | 44.44                            |
|                                       | Family (Individual + Spouse + Child(ren)) | 71.29                            | 54.84                            |
|                                       | Family (Individual + Children)            | 71.29                            | 54.84                            |
| <b>Kaiser Permanente Prescription</b> | Individual                                | 11.07                            | 8.52                             |
|                                       | Individual + Spouse                       | 22.09                            | 16.99                            |
|                                       | Individual + Child                        | 22.09                            | 16.99                            |
|                                       | Family (Individual + Spouse + Child(ren)) | 32.01                            | 24.62                            |
|                                       | Family (Individual + Children)            | 32.01                            | 24.62                            |
| <b>CareFirst Dental PPO</b>           | Individual                                | 4.37                             | 3.36                             |
|                                       | Individual + Spouse                       | 8.74                             | 6.72                             |
|                                       | Individual + Child                        | 8.74                             | 6.72                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 12.84                            | 9.88                             |
|                                       | Family (Individual + Children)            | 12.84                            | 9.88                             |
| <b>Aetna Dental DMO</b>               | Individual                                | 2.36                             | 1.82                             |
|                                       | Individual + Spouse                       | 4.73                             | 3.64                             |
|                                       | Individual + Child                        | 4.73                             | 3.64                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 6.95                             | 5.34                             |
|                                       | Family (Individual + Children)            | 6.95                             | 5.34                             |
| <b>Davis Vision</b>                   | Individual                                | 0.23                             | 0.18                             |
|                                       | Individual + Spouse                       | 0.42                             | 0.32                             |
|                                       | Individual + Child                        | 0.42                             | 0.32                             |
|                                       | Family (Individual + Spouse + Child(ren)) | 0.53                             | 0.41                             |
|                                       | Family (Individual + Children)            | 0.53                             | 0.41                             |

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000