

2026 PREMIUMS

Bi-weekly			EE only		EE + 1		EE + 2 or more			
BENEFIT	VENDOR	PLAN DESCRIPTION	Current Enrollment	Total	Current Enrollment	Total	Current Enrollment	Total		
Medical	Blue Shield	PPO	2	\$1,227.11	0	\$2,454.23	0	\$3,459.05		
Medical	Blue Shield	PPO/Needles	8	\$1,227.11	0	\$2,454.23	0	\$3,459.05		
Medical	Blue Shield	HMO	74	\$495.99	34	\$992.00	29	\$1,398.15		
Medical	Blue Shield	TRIO	74	\$410.03	42	\$820.07	58	\$1,155.81		
Medical	Kaiser	HMO	318	\$394.29	125	\$788.59	149	\$1,115.85		
			EE only		EE + 1		EE + 2 or more			
BENEFIT	VENDOR	PLAN DESCRIPTION	Current Enrollment	Total	Current Enrollment	Total	Current Enrollment	Total		
Dental	DeltaCare	DHMO	74	\$7.77	27	\$14.84	43	\$23.10		
Dental	Delta Dental	DPPO	380	\$23.02	227	\$41.13	267	\$68.20		
			EE only		EE + Spouse		EE + Child(ren)		EE + Family	
BENEFIT	VENDOR	PLAN DESCRIPTION	Current Enrollment	Total	Current Enrollment	Total	Current Enrollment	Total	Current Enrollment	Total
Vision	EyeMed	Exempt	45	\$8.56	26	\$8.56	5	\$8.56	42	\$8.56
Vision	EyeMed	General	459	\$2.84	129	\$5.67	98	\$6.37	239	\$10.49

Annual Premium is bi-weekly amount X enrollment X 26 pay periods