Courts Employees

	Full Time	Employees	3/4 Time En	nployees	1/2 Time Er	nployees	Total	Total
Aetna Full HMO	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	797.86	0.00	797.86	0.00	797.86	797.86	1595.72
Employee +1	0.00	1595.72	0.00	1595.72	0.00	1595.72	1595.72	3191.44
Employee + Family	0.00	2257.94	0.00	2257.94	0.00	2257.94	2257.94	4515.88

	Full Time	Employees	3/4 Time Employees		1/2 Time Employees		Total	Total
Aetna AVN HMO	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	618.05	0.00	618.05	0.00	618.05	618.05	1236.10
Employee +1	0.00	1236.07	0.00	1236.07	0.00	1236.07	1236.07	2472.14
Employee + Family	0.00	1749.05	0.00	1749.05	0.00	1749.05	1749.05	3498.10

	Full Time	Employees	3/4 Time Employees		1/2 Time Employees		Total	Total
Aetna OAMC PPO (\$200 Deductible)	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	101.78	915.99	330.78	686.99	559.77	458.00	1017.77	2035.54
Employee +1	211.39	1902.47	687.01	1426.85	1162.62	951.24	2113.86	4227.72
Employee + Family	307.59	2768.30	999.66	2076.23	1691.74	1384.15	3075.89	6151.78

	Full Time	Employees	3/4 Time Employees		1/2 Time Employees		Total	Total
Aetna HDHP OAMC PPO	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium	Monthly Premium
Employee Only	0.00	659.73	0.00	659.73	0.00	659.73	659.73	1319.46
Employee +1	0.00	1319.46	0.00	1319.46	0.00	1319.46	1319.46	2638.92
Employee + Family	0.00	1867.05	0.00	1867.05	0.00	1867.05	1867.05	3734.10

	Full Time	Employees	3/4 Time Employees 1/2 Time Employees		Total	Total		
Kaiser HMO	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
Employee Only	0.00	481.72	0.00	481.72	0.00	481.72	481.72	963.44
Employee +1	0.00	962.43	0.00	962.43	0.00	962.43	962.43	1924.86
Employee + Family	0.00	1361.43	0.00	1361.43	0.00	1361.43	1361.43	2722.86

	Full Time	Employees	3/4 Time Employees		1/2 Time Employees		Total	Total
Kaiser HDHP	Employee Cost	Courts Cost	Employee cost	Courts cost	Employee cost	Courts cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
Employee Only	0.00	383.46	0.00	383.46	0.00	383.46	383.46	766.92
Employee +1	0.00	765.91	0.00	765.91	0.00	765.91	765.91	1531.82
Employee + Family	0.00	1083.35	0.00	1083.35	0.00	1083.35	1083.35	2166.70

2025 Dental & Vision Contributions

	Cigna Dental PPO						
Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant		lan (No max, no overage)	Management Buy Buy-Up (4k Orth				
	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				

		Cigna Dental PPO							
All other represented employee groups	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		

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

Employee cost	County cost
2.79	
5.85	8.01
8.36	
	2.79 5.85

\*The annual premiums are divided into 24 pay periods

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