

2027 RATES:

PPO (PREFERRED PROVIDER ORGANIZATION) RATES:

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
PERS Gold	1	6481	EE Only	0.00	1,248.14
	1	6482	2 Party	246.43	2,217.85
	1	6483	Family	319.40	2,874.57
PERS Platinum	1	6571	EE Only	563.90	1,248.14
	1	6572	2 Party	1,374.24	2,217.85
	1	6573	Family	1,785.54	2,874.57
PORAC	1	5921	EE Only	0.00	1,127.88
	1	5922	2 Party	211.07	2,217.85
	1	5923	Family	274.92	2,874.57

HMO (HEALTH MAINTENANCE ORGANIZATION) RATES:

Plan Name	REGION	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
Blue Shield Access+	1	5251	EE Only	264.16	1,248.14
	1	5252	2 Party	774.76	2,217.85
	1	5253	Family	1,006.22	2,874.57
Kaiser	1	5331	EE Only	0.00	1,220.58
	1	5332	2 Party	191.31	2,217.85
	1	5333	Family	247.74	2,874.57
Blue Shield + EPO	1	5241	EE Only	264.16	1,248.14
	1	5242	2 Party	774.76	2,217.85
	1	5243	Family	1,006.22	2,874.57
Western Health Advantage	1	5911	EE Only	0.00	1,063.62
	1	5912	2 Party	0.00	2,095.25
	1	5913	Family	0.00	2,714.22
Sutter Health	1	6791	EE Only	0.00	1,163.57
	1	6792	2 Party	77.30	2,217.85
	1	6793	Family	99.52	2,874.57
Anthem Blue + HMO Select	1	5061	EE Only	271.49	1,248.14
	1	5062	2 Party	789.41	2,217.85
	1	5063	Family	1,025.26	2,874.57
Anthem Blue + HMO Traditional	1	5091	EE Only	517.77	1,248.14
	1	5092	2 Party	1,281.96	2,217.85
	1	5093	Family	1,665.58	2,874.57
Blue Shield TRIO	1	4511	EE Only	0.00	1,235.53
	1	4512	2 Party	221.21	2,217.85
	1	4513	Family	286.61	2,874.57

DENTAL/VISION PLAN RATES:

	CODE	LEVEL	EMPLOYEE PAYS	COUNTY PAYS
BASE	1001-10	EE Only	0.00	49.72
	1002-11	2 Party	17.97	71.87
	1003-12	Family	29.28	117.13
BUY-UP	2000-10	EE Only	4.20	49.72
	2001-11	2 Party	25.67	71.87
	2002-12	Family	42.08	117.13

WAIVER AMOUNTS: (HEALTH BENEFITS DECLINED / IN -LIEU OF PREMIUM SAVINGS)

OTHER (0):	\$150
DDAA	\$200
YCEA, NON-REP (8,10, 11) PPOA, DSA, MSA:	\$250

* HDV rates above are monthly rates. Monthly rates will be divided in to two deductions which will be deducted from the first and second pay period of each month.

* In-Lieu amounts above are monthly rates. Other (0) \$50 payable the first and second pay period of each month. DDAA \$100 payable the first and second pay period of each month, YCEA, NON-REP (8,10,11), PPOA, DSA, MSA \$125 payable the first and second pay period of each month.