

# BENEFIT PREMIUMS: PCEA

Rates effective 7/1/2026 - 6/30/2027

## KAISER

| Plan Benefits                                                                | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15 Prescriptions<br>- \$10 Chiropractic Care | Employee Only  | \$998.91              | \$973.91          | <b>\$25.00</b>        |
|                                                                              | Employee + 1   | \$1,997.82            | \$1,972.82        | <b>\$25.00</b>        |
|                                                                              | Family         | \$2,657.10            | \$2,607.10        | <b>\$50.00</b>        |

## HEALTH NET SMARTCARE HMO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$20/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$1,844.17            | \$1,819.17        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$3,964.97            | \$2,657.10        | <b>\$1,307.87</b>     |
|                                                                                   | Family         | \$5,440.27            | \$2,657.10        | <b>\$2,783.17</b>     |

## HEALTH NET HMO

| Plan Benefits                                                                   | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|---------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15/\$35 Prescriptions<br>- No Chiropractic Care | Employee Only  | \$2,528.51            | \$2,503.51        | <b>\$25.00</b>        |
|                                                                                 | Employee + 1   | \$4,931.58            | \$2,657.10        | <b>\$2,274.48</b>     |
|                                                                                 | Family         | \$6,631.24            | \$2,657.10        | <b>\$3,974.14</b>     |

## HEALTH NET PPO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$25/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$2,609.53            | \$2,584.53        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$5,610.56            | \$2,657.10        | <b>\$2,953.46</b>     |
|                                                                                   | Family         | \$7,019.76            | \$2,657.10        | <b>\$4,362.66</b>     |

## DELTA DENTAL

|  | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|--|----------------|-----------------------|-------------------|-----------------------|
|  | Employee Only  | \$67.00               | \$67.00           | <b>-0-</b>            |
|  | Employee + 1   | \$113.40              | \$113.40          | <b>-0-</b>            |
|  | Family         | \$174.90              | \$174.90          | <b>-0-</b>            |

## VSP

|                                                                                        | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|----------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| VSP provided to Health Net members only. (Kaiser provides comparable vision benefits). | Employee Only  | \$9.90                | \$9.90            | <b>-0-</b>            |
|                                                                                        | Employee + 1   | \$13.60               | \$13.60           | <b>-0-</b>            |
|                                                                                        | Family         | \$22.80               | \$22.80           | <b>-0-</b>            |

Note: City and employee contributions are based on full-time employment.

# BENEFIT PREMIUMS: MGMT/ CONF

Rates effective 7/1/2026 - 6/30/2027

## KAISER

| Plan Benefits                                                                | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15 Prescriptions<br>- \$10 Chiropractic Care | Employee Only  | \$998.91              | \$973.91          | <b>\$25.00</b>        |
|                                                                              | Employee + 1   | \$1,997.82            | \$1,972.82        | <b>\$25.00</b>        |
|                                                                              | Family         | \$2,657.10            | \$2,607.10        | <b>\$50.00</b>        |

## HEALTH NET SMARTCARE HMO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$20/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$1,844.17            | \$1,819.17        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$3,964.97            | \$2,657.10        | <b>\$1,307.87</b>     |
|                                                                                   | Family         | \$5,440.27            | \$2,657.10        | <b>\$2,783.17</b>     |

## HEALTH NET HMO

| Plan Benefits                                                                   | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|---------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15/\$35 Prescriptions<br>- No Chiropractic Care | Employee Only  | \$2,528.51            | \$2,503.51        | <b>\$25.00</b>        |
|                                                                                 | Employee + 1   | \$4,931.58            | \$2,657.10        | <b>\$2,274.48</b>     |
|                                                                                 | Family         | \$6,631.24            | \$2,657.10        | <b>\$3,974.14</b>     |

## HEALTH NET PPO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$25/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$2,609.53            | \$2,584.53        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$5,610.56            | \$2,657.10        | <b>\$2,953.46</b>     |
|                                                                                   | Family         | \$7,019.76            | \$2,657.10        | <b>\$4,362.66</b>     |

## DELTA DENTAL

|  | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|--|----------------|-----------------------|-------------------|-----------------------|
|  | Employee Only  | \$63.70               | \$63.70           | <b>-0-</b>            |
|  | Employee + 1   | \$107.90              | \$107.90          | <b>-0-</b>            |
|  | Family         | \$166.60              | \$166.60          | <b>-0-</b>            |

## VSP

|                                                                                        | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|----------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| VSP provided to Health Net members only. (Kaiser provides comparable vision benefits). | Employee Only  | \$9.90                | \$9.90            | <b>-0-</b>            |
|                                                                                        | Employee + 1   | \$13.60               | \$13.60           | <b>-0-</b>            |
|                                                                                        | Family         | \$22.80               | \$22.80           | <b>-0-</b>            |

Note: City and employee contributions are based on full-time employment.

# BENEFIT PREMIUMS: POA

Rates effective 7/1/2026 - 6/30/2027

## KAISER

| Plan Benefits                                                                | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15 Prescriptions<br>- \$10 Chiropractic Care | Employee Only  | \$998.91              | \$973.91          | <b>\$25.00</b>        |
|                                                                              | Employee + 1   | \$1,997.82            | \$1,972.82        | <b>\$25.00</b>        |
|                                                                              | Family         | \$2,657.10            | \$2,607.10        | <b>\$50.00</b>        |

## HEALTH NET SMARTCARE HMO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$20/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$1,844.17            | \$1,819.17        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$3,964.97            | \$2,657.10        | <b>\$1,307.87</b>     |
|                                                                                   | Family         | \$5,440.27            | \$2,657.10        | <b>\$2,783.17</b>     |

## HEALTH NET HMO

| Plan Benefits                                                                   | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|---------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15/\$35 Prescriptions<br>- No Chiropractic Care | Employee Only  | \$2,528.51            | \$2,503.51        | <b>\$25.00</b>        |
|                                                                                 | Employee + 1   | \$4,931.58            | \$2,657.10        | <b>\$2,274.48</b>     |
|                                                                                 | Family         | \$6,631.24            | \$2,657.10        | <b>\$3,974.14</b>     |

## HEALTH NET PPO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$25/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$2,609.53            | \$2,584.53        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$5,610.56            | \$2,657.10        | <b>\$2,953.46</b>     |
|                                                                                   | Family         | \$7,019.76            | \$2,657.10        | <b>\$4,362.66</b>     |

## DELTA DENTAL

|  | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|--|----------------|-----------------------|-------------------|-----------------------|
|  | Employee Only  | \$63.70               | \$63.70           | <b>-0-</b>            |
|  | Employee + 1   | \$107.90              | \$107.90          | <b>-0-</b>            |
|  | Family         | \$166.60              | \$166.60          | <b>-0-</b>            |

## VSP

|                                                                                        | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|----------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| VSP provided to Health Net members only. (Kaiser provides comparable vision benefits). | Employee Only  | \$9.90                | \$9.90            | <b>-0-</b>            |
|                                                                                        | Employee + 1   | \$13.60               | \$13.60           | <b>-0-</b>            |
|                                                                                        | Family         | \$22.80               | \$22.80           | <b>-0-</b>            |

Note: City and employee contributions are based on full-time employment.

# BENEFIT PREMIUMS: IAFF

Rates effective 7/1/2026 - 6/30/2027

## KAISER

| Plan Benefits                                                                | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15 Prescriptions<br>- \$10 Chiropractic Care | Employee Only  | \$998.91              | \$973.91          | <b>\$25.00</b>        |
|                                                                              | Employee + 1   | \$1,997.82            | \$1,972.82        | <b>\$25.00</b>        |
|                                                                              | Family         | \$2,657.10            | \$2,607.10        | <b>\$50.00</b>        |

## HEALTH NET SMARTCARE HMO

| Plan Benefits                                                                     | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|-----------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$15 Office Visit<br>- \$10/\$20/\$35 Prescriptions<br>- \$15 Chiropractic Care | Employee Only  | \$1,844.17            | \$1,819.17        | <b>\$25.00</b>        |
|                                                                                   | Employee + 1   | \$3,964.97            | \$2,657.10        | <b>\$1,307.87</b>     |
|                                                                                   | Family         | \$5,440.27            | \$2,657.10        | <b>\$2,783.17</b>     |

## HEALTH NET HMO

| Plan Benefits                                                                   | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|---------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| - \$10 Office Visit<br>- \$10/\$15/\$35 Prescriptions<br>- No Chiropractic Care | Employee Only  | \$2,528.51            | \$2,503.51        | <b>\$25.00</b>        |
|                                                                                 | Employee + 1   | \$4,931.58            | \$2,657.10        | <b>\$2,274.48</b>     |
|                                                                                 | Family         | \$6,631.24            | \$2,657.10        | <b>\$3,974.14</b>     |

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|                                                                                   | Employee + 1   | \$5,610.56            | \$2,657.10        | <b>\$2,953.46</b>     |
|                                                                                   | Family         | \$7,019.76            | \$2,657.10        | <b>\$4,362.66</b>     |

## DELTA DENTAL

|  | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|--|----------------|-----------------------|-------------------|-----------------------|
|  | Employee Only  | \$63.70               | \$63.70           | <b>-0-</b>            |
|  | Employee + 1   | \$107.90              | \$107.90          | <b>-0-</b>            |
|  | Family         | \$166.60              | \$166.60          | <b>-0-</b>            |

## VSP

|                                                                                        | Coverage Level | Total Monthly Premium | City Contribution | Employee Contribution |
|----------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-----------------------|
| VSP provided to Health Net members only. (Kaiser provides comparable vision benefits). | Employee Only  | \$9.90                | \$9.90            | <b>-0-</b>            |
|                                                                                        | Employee + 1   | \$13.60               | \$13.60           | <b>-0-</b>            |
|                                                                                        | Family         | \$22.80               | \$22.80           | <b>-0-</b>            |

Note: City and employee contributions are based on full-time employment.