

2027 Health Plan Rates (Effective 01/01/27-12/31/27)

MEDICAL:		Gross Premium Medical	CORP Contribution	Employee Cost Month	Employee Cost per PP	COBRA Cost
Anthem Select HMO/Premier HMO 15 Select	CPSH					
Employee		\$ 964.00	\$ 964.00	\$ -	\$ -	\$ 983.28
Employee + 1 dep.		\$ 1,924.00	\$ 1,924.00	\$ -	\$ -	\$ 1,962.48
Employee + 2 or more		\$ 2,725.00	\$ 2,725.00	\$ -	\$ -	\$ 2,779.50

Anthem HMO (California Care)/Premier HMO 20	CPTN					
Employee		\$ 1,058.00	\$ 1,058.00	\$ -	\$ -	\$ 1,079.16
Employee + 1 dep.		\$ 2,114.00	\$ 2,114.00	\$ -	\$ -	\$ 2,156.28
Employee + 2 or more		\$ 2,996.00	\$ 2,867.00	\$ 129.00	\$ 64.50	\$ 3,055.92

KAISER HMO 15	KAIS					
Employee		\$ 810.00	\$ 810.00	\$ -	\$ -	\$ 826.20
Employee + 1 dep.		\$ 1,590.00	\$ 1,590.00	\$ -	\$ -	\$ 1,621.80
Employee + 2 or more		\$ 2,060.00	\$ 2,060.00	\$ -	\$ -	\$ 2,101.20

Anthem PPO (Prudent Buyer) Low, 80/20	PBPI-L					
Employee		\$ 1,320.00	\$ 1,193.00	\$ 127.00	\$ 63.50	\$ 1,346.40
Employee + 1 dep.		\$ 2,645.00	\$ 2,296.00	\$ 349.00	\$ 174.50	\$ 2,697.90
Employee + 2 or more		\$ 3,741.00	\$ 2,867.00	\$ 874.00	\$ 437.00	\$ 3,815.82

Anthem PPO (Prudent Buyer) High, 90/10	PBPI-H					
Employee		\$ 1,415.00	\$ 1,193.00	\$ 222.00	\$ 111.00	\$ 1,443.30
Employee + 1 dep.		\$ 2,831.00	\$ 2,296.00	\$ 535.00	\$ 267.50	\$ 2,887.62
Employee + 2 or more		\$ 4,005.00	\$ 2,867.00	\$ 1,138.00	\$ 569.00	\$ 4,085.10

DENTAL:	Group # 19859	Gross Premium Delta Dental	CORP Contribution	Employee Cost Month	Employee Cost per PP	COBRA Cost
Employee		\$ 41.90	\$ 41.90	\$ -	\$ -	\$ 42.74
Employee + 1		\$ 83.40	\$ 83.40	\$ -	\$ -	\$ 85.07
Family		\$ 129.30	\$ 129.30	\$ -	\$ -	\$ 131.89

VISION:		Gross Premium VSP	CORP Contribution	Employee Cost Month	Employee Cost per PP	COBRA Cost
EIA Signature Plan C						
Employee		\$ 9.90	\$ 9.90	\$ -	\$ -	\$ 10.10
Employee + 1		\$ 13.90	\$ 13.90	\$ -	\$ -	\$ 14.18
Family		\$ 24.10	\$ 24.10	\$ -	\$ -	\$ 24.58

BENEFITS FOR CASH		
	Monthly	Per Pay Period
Medical	\$ 128.00	\$ 64.00
Dental	\$ 12.00	\$ 6.00
Vision	N/A	N/A

Costs Associated with Benefit Year 01/01/27 to 12/31/27