

2025–26 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 12, 2025 | Coverage Effective July 26, 2025

Plan	Coverage Type	2025-2026 Published Bi- Weekly Rates	2024-2025 Published Bi- Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser	Employee Only	\$404.10	\$375.56	\$28.54	7.60%
	Employee + 1	\$806.19	\$749.11	\$57.08	7.62%
	Employee + 2	\$1,139.92	\$1,059.16	\$80.76	7.62%
Kaiser Choice HMO	Employee Only	\$344.49	\$320.10	\$24.39	7.62%
	Employee + 1	\$686.97	\$638.19	\$48.78	7.64%
	Employee + 2	\$971.23	\$902.20	\$69.03	7.65%
Kaiser Virtual Complete HMO	Employee Only	\$316.49	\$294.10	\$22.39	7.61%
	Employee + 1	\$630.97	\$586.19	\$44.78	7.64%
	Employee + 2	\$891.99	\$828.62	\$63.37	7.65%
Blue Shield Signature HMO	Employee Only	\$383.82	\$352.47	\$31.35	8.89%
	Employee + 1	\$765.67	\$702.94	\$62.73	8.92%
	Employee + 2	\$1,082.58	\$993.83	\$88.75	8.93%
Blue Shield Access + HMO	Employee Only	\$333.37	\$306.15	\$27.22	8.89%
	Employee + 1	\$664.76	\$610.31	\$54.45	8.92%
	Employee + 2	\$939.82	\$862.79	\$77.03	8.93%
Blue Shield HMO Gold Trio	Employee Only	\$312.87	\$287.32	\$25.55	8.89%
	Employee + 1	\$623.73	\$572.67	\$51.06	8.92%
	Employee + 2	\$881.77	\$809.50	\$72.27	8.93%
Blue Shield PPO	Employee Only	\$713.50	\$655.06	\$58.44	8.92%
	Employee + 1	\$1,452.02	\$1,332.93	\$119.09	8.93%
	Employee + 2	\$2,252.66	\$2,067.79	\$184.87	8.94%
Blue Shield Needles PPO**	Employee Only	\$805.36	\$739.38	\$65.98	8.92%
	Employee + 1	\$1,638.37	\$1,503.97	\$134.40	8.94%
	Employee + 2	\$2,537.57	\$2,329.31	\$208.26	8.94%
Blue Shield Virtual Blue Needles PPO**	Employee Only	\$729.84	\$670.06	\$59.78	8.92%
	Employee + 1	\$1,484.55	\$1,362.78	\$121.77	8.94%
	Employee + 2	\$2,299.22	\$2,110.53	\$188.69	8.94%
Blue Shield Bronze PPO	Employee Only	\$206.19	\$189.42	\$16.77	8.85%
	Employee + 1	\$410.37	\$376.83	\$33.54	8.90%
	Employee + 2	\$579.84	\$532.38	\$47.46	8.91%
Delta Dental PPO	Employee Only	\$22.52	\$21.91	\$0.61	2.78%
	Employee + 1	\$41.88	\$40.70	\$1.18	2.90%
	Employee + 2	\$71.56	\$69.52	\$2.04	2.93%
DeltaCare USA DHMO	Employee Only	\$9.88	\$9.88	\$0.00	0.00%
	Employee + 1	\$15.94	\$15.94	\$0.00	0.00%
	Employee + 2	\$20.77	\$20.77	\$0.00	0.00%

**For eligible employees assigned to work in the Needles, Irona, and Baker work locations, the County has established a "Needles subsidy." The Needles subsidy is paid by the employee's department and is equal to the amount of the premium difference between the indemnity (i.e. PPO) health plan offered in these specific work locations and the HMO medical plan with the most comparable benefit design provided by the County.

Your benefits are an important part of your total compensation package.