

## Attachment A

### Medical Plan Premium Rates Active Employees and their Eligible Dependents 2026-27 Plan Year

Plan	Coverage Type	2026-27 Bi-Weekly Rates*	2025-26 Bi-Weekly Rates*	Dollar Change	Percentage (%) Change*
<b>Kaiser HMO</b>	Employee Only	\$420.12	\$404.10	\$16.02	3.96%
	Employee + 1	\$838.23	\$806.19	\$32.04	3.97%
	Employee + 2	\$1,185.26	\$1,139.92	\$45.34	3.98%
<b>Kaiser Choice HMO</b>	Employee Only	\$358.19	\$344.49	\$13.70	3.98%
	Employee + 1	\$714.37	\$686.97	\$27.40	3.99%
	Employee + 2	\$1,010.00	\$971.23	\$38.77	3.99%
<b>Kaiser Virtual Complete HMO</b>	Employee Only	\$329.07	\$316.49	\$12.58	3.97%
	Employee + 1	\$656.13	\$630.97	\$25.16	3.99%
	Employee + 2	\$927.59	\$891.99	\$35.60	3.99%
<b>Blue Shield Signature HMO</b>	Employee Only	\$417.85	\$383.82	\$34.03	8.87%
	Employee + 1	\$833.70	\$765.67	\$68.03	8.89%
	Employee + 2	\$1,178.86	\$1,082.58	\$96.28	8.89%
<b>Blue Shield Access + HMO</b>	Employee Only	\$362.88	\$333.37	\$29.51	8.85%
	Employee + 1	\$723.81	\$664.76	\$59.05	8.88%
	Employee + 2	\$1,023.38	\$939.82	\$83.56	8.89%
<b>Blue Shield HMO Gold Trio</b>	Employee Only	\$340.56	\$312.87	\$27.69	8.85%
	Employee + 1	\$679.13	\$623.73	\$55.40	8.88%
	Employee + 2	\$960.16	\$881.77	\$78.39	8.89%
<b>Blue Shield PPO</b>	Employee Only	\$776.89	\$713.50	\$63.39	8.88%
	Employee + 1	\$1,581.22	\$1,452.02	\$129.20	8.90%
	Employee + 2	\$2,453.19	\$2,252.66	\$200.53	8.90%
<b>Blue Shield Needles PPO</b>	Employee Only	\$876.94	\$805.36	\$71.58	8.89%
	Employee + 1	\$1,784.17	\$1,638.37	\$145.80	8.90%
	Employee + 2	\$2,763.49	\$2,537.57	\$225.92	8.90%
<b>Blue Shield Virtual Blue Needles PPO</b>	Employee Only	\$794.69	\$729.84	\$64.85	8.89%
	Employee + 1	\$1,616.64	\$1,484.55	\$132.09	8.90%
	Employee + 2	\$2,503.91	\$2,299.22	\$204.69	8.90%
<b>Blue Shield PPO Bronze Plan</b>	Employee Only	\$224.39	\$206.19	\$18.20	8.83%
	Employee + 1	\$446.75	\$410.37	\$36.38	8.87%
	Employee + 2	\$631.32	\$579.84	\$51.48	8.88%

\*Note: Includes County management fee of \$2.01.