2027 Employee Cost for Coverage

cotality™

Bi-weekly contributions

The medical contribution amounts below do not include the $650 annual tobacco/nicotine use surcharge or the $1,950 annual working spouse surcharge (if applicable).

Medical – Health screening completed (before 11/15/2026)	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Anthem Consumer Choice HDHP	$100.00	$218.00	$189.00	$314.50
Anthem Exclusive Care EPO	$159.50	$418.00	$329.50	$597.00
Anthem Basic HDHP	$52.50	$198.00	$173.00	$285.50
Kaiser CA HMO	$125.00	$317.00	$250.50	$459.50
Kaiser CA HDHP HMO	$100.50	$256.50	$201.50	$375.00
Kaiser NW HMO	$130.00	$354.00	$276.50	$519.00
Kaiser NW HDHP HMO	$102.00	$278.50	$215.00	$412.00

Medical – Health screening *not* completed	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Anthem Consumer Choice HDHP	$110.00	$228.00	$199.00	$324.50
Anthem Exclusive Care EPO	$169.50	$428.00	$339.50	$607.00
Anthem Basic HDHP	$62.50	$208.00	$183.00	$295.50
Kaiser CA HMO	$135.00	$327.00	$260.50	$469.50
Kaiser CA HDHP HMO	$110.50	$266.50	$211.50	$385.00
Kaiser NW HMO	$140.00	$364.00	$286.50	$529.00
Kaiser NW HDHP HMO	$112.00	$288.50	$225.00	$422.00

Dental	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Aetna DHMO	$3.00	$6.00	$5.00	$10.50
Delta Dental PPO	$6.50	$15.00	$13.00	$22.50

Vision	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
VSP Basic	$3.32	$4.72	$5.60	$8.90
VSP Plus	$5.77	$8.20	$9.72	$15.54

Monthly contributions (after-tax)

Supplemental Life

Life Insurance (per $1,000 of coverage)	For you	For your spouse/domestic partner
<20	$0.042	$0.050
20-24	$0.042	$0.050
25-29	$0.050	$0.060
30-34	$0.067	$0.080
35-39	$0.075	$0.090
40-44	$0.084	$0.100
45-49	$0.134	$0.160
50-54	$0.226	$0.270
55-59	$0.369	$0.440
60-64	$0.612	$0.730
65-69	$1.090	$1.300
70+	$1.979	$2.360
For your children		
$5,000		$0.62
$10,000		$1.25

AD&D

AD&D (per $1,000 of coverage)	
Employee only	$0.020
Family (includes you, your spouse or domestic partner and your children)	$0.025

Long-Term Disability

Long-Term Disability	
Benefit coverage – employee only Buy-Up LTD	Monthly rate per $100 covered payroll
<35	$0.188
35-44	$0.313
45-54	$0.421
55 or older	$0.453