

2026 MEDICAL PREMIUM COSTS - Tier B

The following chart provides details on the costs of medical insurance based on medical tier and Recognized Employee Organization (REO) bargaining unit. The overall premiums and employer subsidy are shown per month and then by employee contribution per pay period, month, and year. Employee premium medical contributions are 24 out of 26 pay periods.

* Kaiser HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage, basic or enhanced.
** HDHPs do NOT include vision coverage. Employees can purchase vision coverage separately, basic or enhanced.
*** Sutter and WHA HMOs include basic vision coverage. Employees can upgrade to enhanced vision coverage at the cost difference

Tier B		All bargaining units		Hired after 12/31/2006	
Monthly	Individual	\$	784.86	Or opted in	
County Subsidy	Family	\$	2,009.30		

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 1,400.26	\$ 977.42	\$ 1,075.86	\$ 801.40	\$ 981.06	\$ 752.20

Individual Contribution	Per Pay Period	\$ 307.70	\$ 96.28	\$ 145.50	\$ 8.27	\$ 98.10	\$ -
	Per Month	\$ 615.40	\$ 192.56	\$ 291.00	\$ 16.54	\$ 196.20	\$ -
	Per Year	\$ 7,384.80	\$ 2,310.72	\$ 3,492.00	\$ 198.48	\$ 2,354.40	\$ -

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 3,580.74	\$ 2,499.46	\$ 2,753.22	\$ 2,051.50	\$ 2,511.62	\$ 1,925.70

Family Contribution	Per Pay Period	\$ 785.72	\$ 245.08	\$ 371.96	\$ 21.10	\$ 251.16	\$ -
	Per Month	\$ 1,571.44	\$ 490.16	\$ 743.92	\$ 42.20	\$ 502.32	\$ -
	Per Year	\$ 18,857.28	\$ 5,881.92	\$ 8,927.04	\$ 506.40	\$ 6,027.84	\$ -

2026 MEDICAL PREMIUM COSTS - Tiers A2 and A1

The following chart provides details on the costs of medical insurance, based on medical tier and Recognized Employee Organization (REO) bargaining unit. The overall premiums and employer subsidy are shown per month and then by employee contribution per pay period, month, and year. Employee premium contributions for medical are 24 out of 26 pay periods.

* Kaiser HMO includes Kaiser vision coverage. Employees can purchase additional vision coverage, basic or enhanced.

** HDHPs do NOT include vision coverage. Employees can purchase separately vision coverage separately, basic or enhanced.

*** Sutter and WHA HMOs include basic vision coverage. Employees can upgrade to enhanced vision coverage at the cost difference

Tier A2 Bargaining units 003, 006, 017, 019, and 030 Hired before 1/1/2007

Monthly	Individual	\$ 1,148.80
County Subsidy	Family	\$ 1,148.80
Monthly Waiver	Cashback up to	\$ 894.52

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 1,400.26	\$ 977.42	\$ 1,075.86	\$ 801.40	\$ 981.06	\$ 752.20

Individual Contribution	Per Pay Period	\$ 125.73	\$ -	\$ -	\$ -	\$ -	\$ -
	Per Month	\$ 251.46	\$ -	\$ -	\$ -	\$ -	\$ -
	Per Year	\$ 3,017.52	\$ -	\$ -	\$ -	\$ -	\$ -
	If Cashback	\$ -	\$ -	\$ -	\$ 43.25	\$ -	\$ 66.10

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 3,580.74	\$ 2,499.46	\$ 2,753.22	\$ 2,051.50	\$ 2,511.62	\$ 1,925.70

Family Contribution	Per Pay Period	\$ 1,215.97	\$ 675.33	\$ 802.21	\$ 451.35	\$ 681.41	\$ 388.45
	Per Month	\$ 2,431.94	\$ 1,350.66	\$ 1,604.42	\$ 902.70	\$ 1,362.82	\$ 776.90
	Per Year	\$ 29,183.28	\$ 16,207.92	\$ 19,253.04	\$ 10,832.40	\$ 16,353.84	\$ 9,322.80
	If Cashback	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Tier A1 All other bargaining units not in tier A2 Hired before 1/1/2007

Monthly	Individual	\$ 826.90
County Subsidy	Family	\$ 826.90
Waiver - Cashback up to		\$ 535.00
Waiver - Plan Selection Incentive		\$ 150.00

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 1,400.26	\$ 977.42	\$ 1,075.86	\$ 801.40	\$ 981.06	\$ 752.20

Individual Contribution	Per Pay Period	\$ 286.68	\$ 75.26	\$ 124.48	\$ -	\$ 77.08	\$ -
	Per Month	\$ 573.36	\$ 150.52	\$ 248.96	\$ -	\$ 154.16	\$ -
	Per Year	\$ 6,880.32	\$ 1,806.24	\$ 2,987.52	\$ -	\$ 1,849.92	\$ -

	Kaiser		Sutter		WHA	
	HMO*	HDHP**	HMO***	HDHP**	HMO***	HDHP***
Total Monthly Premium	\$ 3,580.74	\$ 2,499.46	\$ 2,753.22	\$ 2,051.50	\$ 2,511.62	\$ 1,925.70

Family Contribution	Per Pay Period	\$ 1,376.92	\$ 836.28	\$ 963.16	\$ 612.30	\$ 842.36	\$ 549.40
	Per Month	\$ 2,753.84	\$ 1,672.56	\$ 1,926.32	\$ 1,224.60	\$ 1,684.72	\$ 1,098.80
	Per Year	\$ 33,046.08	\$ 20,070.72	\$ 23,115.84	\$ 14,695.20	\$ 20,216.64	\$ 13,185.60