

2026 Medical/Dental/Vision Premiums - Non-Represented Employees

Tier	Deductible / OOP Max	Aetna PPO 500	Non-Rep 2026 County Contribution	Non-Rep 2026 County Contribution to HSA	2026 Non-Rep Employee Cost
EE Only	\$500 / \$2,500	1024.65	970.00	0.00	54.65
EE + Spouse	\$1,000 / \$5,000	1892.53	1440.00	0.00	452.53
EE + Kids	\$1,500 / \$5,000	1693.97	1440.00	0.00	253.97
Full Family	\$1,500 / \$5,000	2571.42	1790.00	0.00	781.42
		Aetna CDHP/HSA			
EE Only	\$2,000 / \$4,500	954.04	up to 970	58.34	0.00
EE + Spouse	\$4,000 / \$9,000 / *\$7,000	1749.56	1440.00	116.67	309.56
EE + Kids	\$4,000 / \$9,000 / *\$7,000	1582.46	1440.00	116.67	142.46
Full Family	\$4,000 / \$9,000 / *\$7,000	2333.80	1790.00	116.67	543.80
*\$7,000 individual within a family					
		Aetna PPO 1000			
EE Only	\$1,000 / \$4,000	995.20	970.00	0.00	25.20
EE + Spouse	\$2,000 / \$8,000	1831.00	1440.00	0.00	391.00
EE + Kids	\$3,000 / \$8,000	1640.48	1440.00	0.00	200.48
Full Family	\$3,000 / \$8,000	2485.50	1790.00	0.00	695.50
Rates include Aetna Medical, MetLife Dental, MetLife Vision					

UPDATED DATE: 11/2/2025