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ADMIN/CONF/MGMT (ACM) EMPLOYEES

Effective OCT 01, 2026 - SEP 30, 2027

MONTHLY PREMIUM **BY NUMBER OF PAY CYCLES**

Premium Totals Include: Medical, Dental, Vision and Basic Life for all Packages

	Medical Plan (Group #s)	DENTAL (Delta Dental OR Anthem)	ANNUAL COST OF TOTAL PREMIUMS	MONTHLY (ANNUAL COST DIVIDED BY 12)	12 MONTH PAY CYCLE Annual Cap	11,200.00	MONTLY (ANNUAL COST DIVIDED BY 11)	11 MONTH PAY CYCLE Annual Cap	11,200.00
					100% CAP	50% CAP		100% CAP	50% CAP
					$933.33	$466.67		$1,018.18	$509.09
					Monthly Deductions			Monthly Deductions	
1	ABC 90-C-3	Delta Dental Premier	$ 27,549.00	$ 2,295.75	$ 1,362.42	$ 1,829.08	$ 2,504.45	$ 1,486.27	$ 1,995.36
		Delta Dental PPO	$ 27,741.00	$ 2,311.75	$ 1,378.42	$ 1,845.08	$ 2,521.91	$ 1,503.73	$ 2,012.82
		Anthem Essential Choice	$ 27,544.20	$ 2,295.35	$ 1,362.02	$ 1,828.68	$ 2,504.02	$ 1,485.84	$ 1,994.93
2	ABC 80-M-3	Delta Dental Premier	$ 19,389.00	$ 1,615.75	$ 682.42	$ 1,149.08	$ 1,762.64	$ 744.45	$ 1,253.55
		Delta Dental PPO	$ 19,581.00	$ 1,631.75	$ 698.42	$ 1,165.08	$ 1,780.09	$ 761.91	$ 1,271.00
		Anthem Essential Choice	$ 19,384.20	$ 1,615.35	$ 682.02	$ 1,148.68	$ 1,762.20	$ 744.02	$ 1,253.11
3	ABC HSA Single-3	Delta Dental Premier	$ 11,349.00	$ 945.75	$ 12.42	$ 479.08	$ 1,031.73	$ 13.55	$ 522.64
		Delta Dental PPO	$ 11,541.00	$ 961.75	$ 28.42	$ 495.08	$ 1,049.18	$ 31.00	$ 540.09
		Anthem Essential Choice	$ 11,344.20	$ 945.35	$ 12.02	$ 478.68	$ 1,031.29	$ 13.11	$ 522.20
4	ABC HSA (EE+CH)-3	Delta Dental Premier	$ 17,229.00	$ 1,435.75	$ 502.42	$ 969.08	$ 1,566.27	$ 548.09	$ 1,057.18
		Delta Dental PPO	$ 17,421.00	$ 1,451.75	$ 518.42	$ 985.08	$ 1,583.73	$ 565.55	$ 1,074.64
		Anthem Essential Choice	$ 17,224.20	$ 1,435.35	$ 502.02	$ 968.68	$ 1,565.84	$ 547.65	$ 1,056.75
5	ABC HSA $5K Family-3	Delta Dental Premier	$ 17,469.00	$ 1,455.75	$ 522.42	$ 989.08	$ 1,588.09	$ 569.91	$ 1,079.00
		Delta Dental PPO	$ 17,661.00	$ 1,471.75	$ 538.42	$ 1,005.08	$ 1,605.55	$ 587.36	$ 1,096.45
		Anthem Essential Choice	$ 17,464.20	$ 1,455.35	$ 522.02	$ 988.68	$ 1,587.65	$ 569.47	$ 1,078.56
6	CaCare HMO CL 57AGYH	Delta Dental Premier	$ 24,573.00	$ 2,047.75	$ 1,114.42	$ 1,581.08	$ 2,233.91	$ 1,215.73	$ 1,724.82
		Delta Dental PPO	$ 24,765.00	$ 2,063.75	$ 1,130.42	$ 1,597.08	$ 2,251.36	$ 1,233.18	$ 1,742.27
		Anthem Essential Choice	$ 24,568.20	$ 2,047.35	$ 1,114.02	$ 1,580.68	$ 2,233.47	$ 1,215.29	$ 1,724.38
7	CaCare HMO Ded 57AGYP	Delta Dental Premier	$ 20,301.00	$ 1,691.75	$ 758.42	$ 1,225.08	$ 1,845.55	$ 827.36	$ 1,336.45
		Delta Dental PPO	$ 20,493.00	$ 1,707.75	$ 774.42	$ 1,241.08	$ 1,863.00	$ 844.82	$ 1,353.91
		Anthem Essential Choice	$ 20,296.20	$ 1,691.35	$ 758.02	$ 1,224.68	$ 1,845.11	$ 826.93	$ 1,336.02
8	Kaiser-3 HMO TR (AMN)	Delta Dental Premier	$ 24,849.00	$ 2,070.75	$ 1,137.42	$ 1,604.08	$ 2,259.00	$ 1,240.82	$ 1,749.91
		Delta Dental PPO	$ 25,041.00	$ 2,086.75	$ 1,153.42	$ 1,620.08	$ 2,276.45	$ 1,258.27	$ 1,767.36
		Anthem Essential Choice	$ 24,844.20	$ 2,070.35	$ 1,137.02	$ 1,603.68	$ 2,258.56	$ 1,240.38	$ 1,749.47
9	Kaiser-3 HSA$1.7K AMN	Delta Dental Premier	$ 20,529.00	$ 1,710.75	$ 777.42	$ 1,244.08	$ 1,866.27	$ 848.09	$ 1,357.18
		Delta Dental PPO	$ 20,721.00	$ 1,726.75	$ 793.42	$ 1,260.08	$ 1,883.73	$ 865.55	$ 1,374.64
		Anthem Essential Choice	$ 20,524.20	$ 1,710.35	$ 777.02	$ 1,243.68	$ 1,865.84	$ 847.65	$ 1,356.75
10	SISC Pro Care Brz-3	Delta Dental Premier	$ 19,797.00	$ 1,649.75	$ 716.42	$ 1,183.08	$ 1,799.73	$ 781.55	$ 1,290.64
		Delta Dental PPO	$ 19,989.00	$ 1,665.75	$ 732.42	$ 1,199.08	$ 1,817.18	$ 799.00	$ 1,308.09
		Anthem Essential Choice	$ 19,792.20	$ 1,649.35	$ 716.02	$ 1,182.68	$ 1,799.29	$ 781.11	$ 1,290.20

Notes: 1) ABC = Anthem Blue Cross. 2) Dental plans are either Delta Dental or Anthem. (See benefit summaries for coverage details. 3) Vision plan offered: VSP Signature $10 copay plan, and XP Health Vision $10 copay plan. Rates include $50,000 Basic Life for Administrative, Confidential, and Management employees.

This rate sheet is provided for informational purposes only. Actual deductions will be based on the premium, CAP entitlement, and number of pay periods per year. Deductions may vary slightly due to rounding up or down. Employees on an 11-pay schedule may see additional adjustments if needed to ensure coverage through the month of July when no pay warrant is issued. Additional adjustments may be necessary for late enrollments or early terminations.