

## PART-TIME EMPLOYEE RATE SHEET

## **PLAN YEAR 2026**

## **BARGAINING UNITS 10, 31, 39 & 43**

As of December 9, 2025, negotiations have not been completed for the 2026 County contribution toward biweekly health insurance premiums for employees in the above Bargaining Unit(s). Therefore, the 2025 County contribution rates are included on this chart for comparison purposes only. The part-time employee rates listed below will be deducted from each paycheck. The 2026 plan year begins on December 8, 2025, and you will see the first deduction on your paycheck received on January 2, 2026.

## 2025 Biweekly County Contribution

• Employee Only: \$229

• Employee plus Spouse: \$359

• Employee plus Children: \$359

• Employee plus Family: \$451.50

How to use this chart: 1. Pick a health plan, 2. Pick a dental plan, 3. Pick a coverage level.

	PLAN 1 Anthem EPO Yosemite Anthem Pharmacy/ VSP		PLAN 2 Anthem EPO Sierra Anthem Pharmacy/ VSP		PLAN 3  Anthem EPO Pismo Anthem Pharmacy/ VSP	
Medical / Mental Health Prescription / Vision						
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMC
Employee Only	\$ 303.04	\$ 292.79	\$ 224.38	\$ 214.13	\$ 200.07	\$ 189.82
Employee + Spouse / DP	\$ 597.22	\$ 582.69	\$ 453.47	\$ 438.94	\$ 409.46	\$ 394.93
Employee + Child(ren)	\$ 480.32	\$ 470.70	\$ 354.33	\$ 344.71	\$ 315.79	\$ 306.17
Employee + Family	\$ 804.82	\$ 790.10	\$ 614.94	\$ 600.22	\$ 556.99	\$ 542.27
	PLAN 4		PLAN 5		PLAN 6	
Medical / Mental Health Prescription / Vision	Anthem HDPPO 3300 Anthem Pharmacy/ VSP		Kaiser Permanente HMO Kaiser / Kaiser		Kaiser Permanente HDHP Kaiser / Kaiser	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMC
Employee Only	\$ 107.20	\$ 96.95	\$ 376.63	\$ 366.38	\$ 217.85	\$ 207.60
Employee + Spouse / DP	\$ 333.73	\$ 319.20	\$ 714.49	\$ 699.96	\$ 429.53	\$ 415.00
Employee + Child(ren)	\$ 262.79	\$ 253.17	\$ 589.04	\$ 579.42	\$ 337.83	\$ 328.21
Employee + Family	\$ 489.01	\$ 474.29	\$ 962.60	\$ 947.88	\$ 585.52	\$ 570.80

<sup>\*</sup>These rates do not apply to part-time employees who are eligible for health insurance. For a copy of those rates, please visit our website at <a href="https://www.fresnocountyca.gov/Open-Enrollment">www.fresnocountyca.gov/Open-Enrollment</a> or call Employee Benefits at (559) 600-1810. \*\*Registered Domestic Partner (DP) Contributions: Your contributions to cover a registered DP are the same as those to cover a legal spouse. However, because of the Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your registered DP or their children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that the employer pays in premium for registered DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a registered DP must be taken on an after-tax basis.