

Exhibit A

ACTIVE EMPLOYEE AND DEPENDENT PREMIUMS - BIWEEKLY PLAN YEAR 2026

Effective Pay Period Beginning December 8, 2025

	Anthem Blue Cross Yosemite EPO		Anthem Blue Cross Sierra EPO		Anthem Blue Cross Pismo EPO	
	VSP Vision		VSP Vision		VSP Vision	
	Delta Dental	DPPO	Delta Dental	DPPO	Delta Dental	DPPO
	DeltaCare DHMO		DeltaCare DHMO		DeltaCare DHMO	
Employee Only	\$532.04	\$521.79	\$453.38	\$443.13	\$429.07	\$418.82
Employee + Spouse	\$956.22	\$941.69	\$812.47	\$797.94	\$768.46	\$753.93
Employee + Child(ren)	\$839.32	\$829.70	\$713.33	\$703.71	\$674.79	\$665.17
Employee + Family	\$1,256.32	\$1,241.60	\$1,066.44	\$1,051.72	\$1,008.49	\$993.77

	Anthem Blue Cross HDPPPO \$3300		Kaiser HMO		Kaiser HDHP \$3300	
	VSP Vision		Kaiser Vision		Kaiser Vision	
	Delta Dental	DPPO	Delta Dental	DPPO	Delta Dental	DPPO
	DeltaCare DHMO		DeltaCare DHMO		DeltaCare DHMO	
Employee Only	\$336.20	\$325.95	\$605.63	\$595.38	\$446.85	\$436.60
Employee + Spouse	\$692.73	\$678.20	\$1,073.49	\$1,058.96	\$788.53	\$774.00
Employee + Child(ren)	\$621.79	\$612.17	\$948.04	\$938.42	\$696.83	\$687.21
Employee + Family	\$940.51	\$925.79	\$1,414.10	\$1,399.38	\$1,037.02	\$1,022.30

Please note: The employee rates are the biweekly premium totals and do not reflect the biweekly employee cost, which is the total premiums less the County contribution. The County contribution is negotiated with employee bargaining units separately.