Personnel Committee Meeting September 2026

2027 Health & Welfare Costs/Financial Awareness Month

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2027 Health & Welfare Cost Changes

Insurance Carrier	2027 Increase
Kaiser HMO	1.48%
UHC Signature	9.86%
Delta Dental HMO/PPO	-13%
Lincoln Financial Life Insurance Basic Life/AD&D Short-Term Disability Long-Term Disability	 -9% -10% -10%
Rocky Mountain (Administrator for Flexible Spending, Health Reimbursement Account & COBRA)	-39%

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Factors contributing to medical premiums

Kaiser -1.48% Increase

- Lower utilization and overall claims experience
- Improved claim experience contributed to the lower-than-average premium increase
- 30 Chiropractor and Acupuncture visits added this year
- Supplemental Special Footwear Coverage Added next year

UHC Signature Plan- 9.86% Increase

- State mandated benefits
- GLP1- weight loss medications
- $13.3 million in large claims
- 98.8% loss ratio

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Monthly Medical Premiums (2026/2027)

2026 Monthly HMO Premiums

Plan	Coverage	Premium
Kaiser HMO	EE	$1,076.74
	EE + 1	$2,153.48
	EE + Family	$3,047.18
UHC Signature	EE	$1,840.38
	EE + 1	$3,682.02
	EE + Family	$5,210.62
Waiver	EE	$200.00
	EE + 1	$300.00
	EE + Family	$400.00

2027 Monthly HMO Premiums

Plan	Coverage	Premium	Difference
Kaiser HMO	EE	$1,092.68	$15.94
	EE +1	$2,185.36	$31.88
	EE + Family	$3,092.28	$45.10
UHC Signature	EE	$2,021.84	$181.46
	EE +1	$4,045.04	$363.02
	EE + Family	$5,724.36	$513.74
Waiver	EE	$200.00	
	EE +1	$300.00	
	EE + Family	$400.00	

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Employee Contributions

2026 ($2,285.39 month)

Plan	Coverage	Contribution
Kaiser HMO	EE	0
	EE + 1	0
	Family	$761.79
UHC Signature	EE	$763.64
	EE + 1	$1,528.54
	Family	$2,925.23
UHC Signature (Grandfathered)	EE	$0

2027 ($2,319.21 month)

Plan	Coverage	Contribution	Difference
Kaiser	EE	0	0
	EE + 1	0	0
	Family	$773.07	$11.28
UHC Signature	EE	$929.16	$165.52
	EE + 1	$1,859.68	$331.14
	Family	$3,404.62	$293.15
UHC Signature(Grandfathered)	EE	$0	

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Monthly Impact

Health Plan	Coverage Level	Number of Enrolled Employees	2026 Monthly Cost	2026 EE Monthly Cost	2027 Monthly Cost	2027 EE Monthly Cost
Kaiser HMO	EE Only	39	$1,076.74	$0.00	$1,092.68	$0.00
	EE + 1 Dependent	37	$2,153.48	$0.00	$2,185.36	$0.00
	EE + Family	14	$3,047.18	$761.79	$3,092.28	$773.07
UHC Signature Value HMO	EE Only	7	$1,840.38	$0.00	$2,021.81	$0.00
	EE + 1 Dependent	0	$3,682.02	$1,528.54	$4,045.05	$1,859.68
	EE + Family	0	$5,210.62	$2,925.23	$5,724.36	$3,405.15
Totals		97	$177,214.80	$10,665.06	$180,917.43	$10,822.98

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2027 Dental Renewal- Delta Dental PPO

- Transitioned Broker of Record to Alliant effective October 1, 2026
- Expanded access to competitive carrier bids and the PRISM pool
- Will receive better premium pricing resulting in an overall 13% reduction in 2027 dental rates
- Eliminated the 5% County administration fee
- Maintain the same Delta Dental PPO plan design and benefits

2026 Renewal Rate	2027 Renewal Rate
0%	-13%

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Delta Dental Monthly Premiums (2026/2027)

Dental Plan	Coverage Level	Number of Enrolled Employees	2026 Monthly Cost	2027 Monthly Cost
Delta PPO	EE	44	$57.11	$53.10
	EE + 1	33	$105.52	$98.00
	Family	25	$165.22	$153.50
Subtotal			$10,125.50	
County 5% Admin. Fee			$506.28	
Total		102	$10,631.78	$9,407.90

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Lincoln Financial (Life, AD&D, STD, & LTD)

- 9.8% Overall Rate Reduction, $12,620 Annual Savings

Coverage	New York Life 2026	Lincoln Financial 2027
Basic Life	$0.210 per $1,000.00	$0.189 per $1,000.00
Accidental Death & Dismemberment	$0.020 per $1,000.00	$0.020 per $1,000.00
Short-term disability	$0.410 per $10.00 of weekly benefit	$0.369 per $10.00 of weekly benefit
Long-term disability	$0.43 per $100 of covered payroll	$0.387 per $100 of covered payroll

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Total Compensation

- Full-time employee, Single Coverage (UHC & Delta PPO)
- Salary: $80,000.00
- Total benefit cost: $31,471.64

	Annual Costs
Medical	$24,262.08
Dental	$637.20
Vision	$750.00
EAP	$26.00
LTD	$387.00
STD	$408.72
AD&D	$19.20
Basic Life	$181.44
457 Contribution	$4,800.00

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Changes in 2027

- Maximum Medical Contribution: Increasing from $2,285.39 to $2,319.74
- Kaiser: Added Coverage for Supplemental Specialty Footwear
- Broker of Record: Transition to Alliant from Newfront
- Dental, Life, FSA, HRA, COBRA, & County Administrative Fees Reduced
- New 2027 Benefits Guide: Expanded guidance on benefits during leaves of absence and upon termination
- Enhance Paid Time Off: After 1 year of employment

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Updates

Opt-Out Medical Waiver

- 11 employees have opt-out of medical insurance

Financial Awareness Month

- August 14: Paycheck for Life-New & Mid-Career Employee Webinar
- August 19: Pre-retirement Webinar
- August 26: LARPD Special ACERA Webinar
- September 1: Overcoming Debt & Achieving Financial Freedom
- September 9 & 10: 457(b) Empower Retirement Plan Advisor Meetings
- September 15: Financial Facts & Falsehoods-The Truth to Retiring Comfortably

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