



**2025 EMPLOYEE HEALTH PLAN RATE TABLES  
With Wellness Participation**

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES		PART TIME EMPLOYEES		
	2025 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
<b>CIGNA CHOICE</b>					
EMPLOYEE ONLY	\$1,017.96	\$917.06	\$46.57	\$513.41	\$232.87
EMPLOYEE / 1 DEPENDENT	\$2,011.75	\$1,513.14	\$230.13	\$765.22	\$575.32
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,799.00	\$2,105.21	\$320.21	\$1,064.54	\$800.52
<b>CIGNA SELECT</b>					
EMPLOYEE ONLY	\$817.61	\$736.56	\$37.41	\$412.38	\$187.03
EMPLOYEE / 1 DEPENDENT	\$1,616.13	\$1,215.60	\$184.86	\$614.83	\$462.14
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,248.90	\$1,691.53	\$257.25	\$855.47	\$643.12
<b>KAISER CHOICE</b>					
EMPLOYEE ONLY	\$795.69	\$717.71	\$35.99	\$405.82	\$179.94
EMPLOYEE / 1 DEPENDENT	\$1,591.38	\$1,201.51	\$179.94	\$616.68	\$449.86
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,251.81	\$1,700.13	\$254.62	\$872.62	\$636.55
<b>SHAREWELL CHOICE*</b>					
EMPLOYEE ONLY	\$712.66	\$788.20	(\$34.86)	\$712.66	\$0.00
EMPLOYEE / 1 DEPENDENT	\$1,247.11	\$1,312.29	(\$30.08)	\$764.14	\$222.91
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,639.10	\$1,693.32	(\$25.02)	\$1,004.31	\$292.98
<b>WELLWISE CHOICE</b>					
EMPLOYEE ONLY	\$1,083.89	\$973.50	\$50.95	\$531.91	\$254.76
EMPLOYEE / 1 DEPENDENT	\$2,005.20	\$1,494.63	\$235.65	\$728.76	\$589.13
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,709.74	\$2,019.76	\$318.45	\$984.81	\$796.12

\* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions) (Effective every pay period beginning with pay period 01 2025, 12/13/2024)



**2025 EMPLOYEE HEALTH PLAN RATE TABLES**  
**Without Wellness Participation**

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES		PART TIME EMPLOYEES		
	2025 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
<b>CIGNA CHOICE</b>					
EMPLOYEE ONLY	\$1,017.96	\$866.60	\$69.86	\$462.95	\$256.16
EMPLOYEE / 1 DEPENDENT	\$2,011.75	\$1,413.41	\$276.16	\$665.49	\$621.35
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,799.00	\$1,966.46	\$384.25	\$925.79	\$864.56
<b>CIGNA SELECT</b>					
EMPLOYEE ONLY	\$817.61	\$696.04	\$56.11	\$371.86	\$205.73
EMPLOYEE / 1 DEPENDENT	\$1,616.13	\$1,135.50	\$221.83	\$534.73	\$499.11
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,248.90	\$1,580.05	\$308.70	\$744.00	\$694.57
<b>KAISER CHOICE</b>					
EMPLOYEE ONLY	\$795.69	\$678.74	\$53.98	\$366.82	\$197.94
EMPLOYEE / 1 DEPENDENT	\$1,591.38	\$1,123.54	\$215.93	\$538.71	\$485.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,251.81	\$1,589.79	\$305.55	\$762.27	\$687.48
<b>SHAREWELL CHOICE*</b>					
EMPLOYEE ONLY	\$712.66	\$788.20	(\$34.86)	\$712.66	\$0.00
EMPLOYEE / 1 DEPENDENT	\$1,247.11	\$1,312.29	(\$30.08)	\$764.14	\$222.91
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,639.10	\$1,693.32	(\$25.02)	\$1,004.31	\$292.98
<b>WELLWISE CHOICE</b>					
EMPLOYEE ONLY	\$1,083.89	\$918.30	\$76.43	\$476.73	\$280.23
EMPLOYEE / 1 DEPENDENT	\$2,005.20	\$1,392.51	\$282.78	\$626.64	\$636.26
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$2,709.74	\$1,881.77	\$382.14	\$846.81	\$859.81

\* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions) (Effective every pay period beginning with pay period 01 2025, 12/13/2024)



## 2025 EMPLOYEE VISION PLAN RATE TABLE

VISION PLAN AND ENROLLMENT STATUS	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	BIWEEKLY DEDUCTIONS	BIWEEKLY DEDUCTIONS
<b>County of Orange Vision Plan</b>		
EMPLOYEE ONLY	\$0.00	\$1.71
EMPLOYEE / 1 DEPENDENT	\$3.98	\$5.69
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$8.82	\$10.53
(Effective every pay period beginning with pay period 01 2025, 12/13/2024)		



## 2025 EMPLOYEE DENTAL PLAN RATE TABLE

DENTAL PLAN AND ENROLLMENT STATUS	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	BIWEEKLY DEDUCTIONS	BIWEEKLY DEDUCTIONS
<b>County of Orange Dental Plan</b>		
EMPLOYEE ONLY	\$0.00	\$5.97
EMPLOYEE / 1 DEPENDENT	\$0.00	\$12.44
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$0.00	\$19.04
(Effective every pay period beginning with pay period 01 2025, 12/13/2024)		



## 2025 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE

HEALTH PLAN AND ENROLLMENT STATUS	2025 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
<b>SHAREWELL CHOICE</b>			
EMPLOYEE ONLY	\$712.66	\$599.46	\$52.25
EMPLOYEE / 1 DEPENDENT	\$1,247.11	\$0.00	\$575.59
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,639.10	\$0.00	\$756.51
(Effective every pay period beginning with pay period 01 2025, 12/13/2024)			



## 2025 Employee Health Plan - Monthly Direct Bill Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	F					O
	Unpaid Family Medical Leave					Unpaid Leave Non-FMLA
	With Wellness Credit		Without Wellness Credit			
	Full Time Employee	Part Time Employee	Full Time Employee	Part Time Employee	Extra Help (ACA)	
<b>CIGNA CHOICE HMO</b>						
Employee Only	\$100.90	\$504.55	\$151.36	\$555.01	n/a	\$1,017.96
Employee With 1 Dependent	\$498.62	\$1,246.53	\$598.35	\$1,346.26	n/a	\$2,011.75
Employee With 2 or More Dependents	\$693.79	\$1,734.46	\$832.54	\$1,873.21	n/a	\$2,799.00
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$99.73	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$138.75	n/a	n/a	n/a
<b>CIGNA SELECT HMO</b>						
Employee Only	\$81.06	\$405.23	\$121.57	\$445.75	n/a	\$817.61
Employee With 1 Dependent	\$400.53	\$1,001.30	\$480.63	\$1,081.41	n/a	\$1,616.13
Employee With 2 or More Dependents	\$557.38	\$1,393.43	\$668.85	\$1,504.90	n/a	\$2,248.90
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$80.10	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$111.48	n/a	n/a	n/a
<b>KAISER CHOICE HMO</b>						
Employee Only	\$77.98	\$389.87	\$116.96	\$428.87	n/a	\$795.69
Employee With 1 Dependent	\$389.87	\$974.70	\$467.85	\$1,052.68	n/a	\$1,591.38
Employee With 2 or More Dependents	\$551.68	\$1,379.19	\$662.03	\$1,489.54	n/a	\$2,251.81
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$77.98	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$110.33	n/a	n/a	n/a
<b>SHAREWELL CHOICE PPO</b>						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$101.94	\$101.94
Employee With 1 Dependent	\$0.00	\$482.97	\$0.00	\$482.97	\$1,247.11	\$1,247.11
Employee With 2 or More Dependents	\$0.00	\$634.79	\$0.00	\$634.79	\$1,639.10	\$1,639.10
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$0.00	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$0.00	n/a	n/a	n/a
<b>WELLWISE CHOICE PPO</b>						
Employee Only	\$110.39	\$551.98	\$165.60	\$607.17	n/a	\$1,083.89
Employee With 1 Dependent	\$510.58	\$1,276.45	\$612.69	\$1,378.56	n/a	\$2,005.20
Employee With 2 or More Dependents	\$689.98	\$1,724.93	\$827.97	\$1,862.92	n/a	\$2,709.74
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$102.12	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$138.00	n/a	n/a	n/a



## 2025 Employee Vision Plan Monthly Direct Bill Rate Table

County of Orange Vision Plan	F		O
VISION PLAN AND ENROLLMENT STATUS	Unpaid Family Medical Leave		Unpaid Leave (Not FMLA)
	Full Time Employee	Part Time Employee	
Employee Only	\$0.00	\$3.71	\$7.41
Employee With 1 Dependent	\$8.62	\$12.33	\$16.03
Employee With 2 or More Dependents	\$19.12	\$22.83	\$26.53



## 2025 Employee Dental Plan Monthly Direct Bill Rate Table

County of Orange Dental Plan	F		O
DENTAL PLAN AND ENROLLMENT STATUS	Unpaid Family Medical Leave		Unpaid Leave (Not FMLA)
	Full Time Employee	Part Time Employee	
Employee Only	\$0.00	\$12.93	\$25.85
Employee With 1 Dependent	\$0.00	\$26.95	\$53.90
Employee With 2 or More Dependents	\$0.00	\$41.25	\$82.50



## 2025 COBRA Employee Health Plan Monthly Direct Bill Rate Table

EMPLOYEE HEALTH PLANS	MONTHLY PREMIUMS
<b>CIGNA CHOICE HMO</b>	
Participant Only	\$1,038.32
Participant With 1 Dependent	\$2,051.99
Participant With 2 or More Dependents	\$2,854.98
<b>CIGNA SELECT HMO</b>	
Participant Only	\$833.96
Participant With 1 Dependent	\$1,648.45
Participant With 2 or More Dependents	\$2,293.88
<b>KAISER CHOICE HMO</b>	
Participant Only	\$811.60
Participant With 1 Dependent	\$1,623.21
Participant With 2 or More Dependents	\$2,296.85
<b>SHAREWELL CHOICE PPO</b>	
Participant Only	\$726.91
Participant With 1 Dependent	\$1,272.05
Participant With 2 or More Dependents	\$1,671.89
<b>WELLWISE CHOICE PPO</b>	
Participant Only	\$1,105.57
Participant With 1 Dependent	\$2,045.31
Participant With 2 or More Dependents	\$2,763.93



## 2026 COBRA Employee Dental Plan Monthly Direct Bill Rate Table

MANAGEMENT & ATTORNEY DENTAL PLAN	MONTHLY PREMIUMS
Participant Only	\$52.73
Participant With 1 Dependent	\$109.96
Participant With 2 or More Dependents	\$168.30



**2025 COBRA Employee Vision Plan  
Monthly Direct Bill Rate Table**

<b>COUNTY OF ORANGE VISION PLAN</b>	<b>MONTHLY PREMIUMS</b>
Participant Only	\$7.56
Participant With 1 Dependent	\$16.35
Participant With 2 or More Dependents	\$27.06