

Part-Time Employees: 2026 Monthly Costs

Medical

Coverage Level	HS Basic Plan	HS Premium Plan	OOA Plan	PPO Plan	Kaiser HMO (CA and OR)
You Only	\$130.32	\$350.79	\$350.79	\$390.27	\$392.72
You and Spouse or Domestic Partner	\$364.50	\$907.17	\$907.17	\$956.88	\$927.21
You and Child(ren)	\$228.06	\$725.58	\$725.58	\$765.33	\$712.50
You and Family	\$703.98	\$1,484.55	\$1,484.55	\$1,604.67	\$1,411.86

Dental

Coverage Level	Low Dental Plan	High Dental Plan
You Only	\$27.51	\$41.25
You and Spouse or Domestic Partner	\$47.91	\$75.99
You and Child(ren)	\$52.53	\$81.03
You and Family	\$87.30	\$132.90

Vision

Coverage Level	Signature Plan	Signature Plus Plan
You Only	\$8.01	\$17.90
You and Spouse or Domestic Partner	\$13.56	\$30.30
You and Child(ren)	\$13.87	\$30.99
You and Family	\$22.63	\$50.55