

California Offices 2026 Employee Monthly Healthcare Costs

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
< \$85,000						
Just You	\$180.00	\$507.00	\$177.00	\$129.00	\$10.40	\$1.64
You + Spouse/DP	\$480.00	\$1,137.00	\$469.00	\$386.00	\$27.70	\$3.58
You + Child(ren)	\$420.00	\$1,011.00	\$416.00	\$343.00	\$36.38	\$3.70
You + Family	\$750.00	\$1,530.00	\$711.00	\$558.00	\$58.00	\$6.52
\$85,001 - \$170,000						
Just You	\$288.00	\$567.00	\$280.00	\$206.00	\$15.20	\$2.38
You + Spouse/DP	\$726.00	\$1,283.00	\$702.00	\$557.00	\$33.84	\$4.48
You + Child(ren)	\$638.00	\$1,127.00	\$625.00	\$498.00	\$43.18	\$4.60
You + Family	\$1,121.00	\$1,848.00	\$1,055.00	\$790.00	\$66.52	\$7.66
\$170,001 - \$255,000						
Just You	\$381.00	\$642.00	\$368.00	\$246.00	\$18.18	\$2.88
You + Spouse/DP	\$947.00	\$1,470.00	\$916.00	\$686.00	\$48.10	\$6.28
You + Child(ren)	\$837.00	\$1,294.00	\$816.00	\$613.00	\$63.10	\$6.44
You + Family	\$1,458.00	\$2,140.00	\$1,372.00	\$979.00	\$100.46	\$11.36

California Offices 2026 Employee Monthly Healthcare Cost

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
\$255,001 - \$340,000						
Just You	\$498.00	\$761.00	\$480.00	\$339.00	\$25.56	\$4.02
You + Spouse/DP	\$1,155.00	\$1,680.00	\$1,089.00	\$873.00	\$61.50	\$8.08
You + Child(ren)	\$1,015.00	\$1,488.00	\$977.00	\$784.00	\$79.54	\$8.28
You + Family	\$1,735.00	\$2,420.00	\$1,596.00	\$1,229.00	\$124.46	\$14.18
\$340,001						
Just You	\$521.00	\$833.00	\$507.00	\$354.00	\$28.12	\$4.58
You + Spouse/DP	\$1,267.00	\$1,890.00	\$1,172.00	\$961.00	\$68.10	\$9.28
You + Child(ren)	\$1,121.00	\$1,667.00	\$1,049.00	\$859.00	\$88.14	\$9.50
You + Family	\$1,939.00	\$2,751.00	\$1,727.00	\$1,365.00	\$138.10	\$16.32

California Offices

2026 **Exempt** Per Pay Period Contribution Schedule

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
< \$85,000						
Just You	\$90.00	\$253.50	\$88.50	\$64.00	\$5.20	\$0.82
You + Spouse/DP	\$240.00	\$568.50	\$234.50	\$193.00	\$13.85	\$1.79
You + Child(ren)	\$210.00	\$505.50	\$208.00	\$171.50	\$18.19	\$1.85
You + Family	\$375.00	\$765.00	\$355.50	\$279.00	\$29.00	\$3.26
\$85,001 - \$170,000						
Just You	\$144.00	\$283.50	\$140.00	\$103.00	\$7.60	\$1.19
You + Spouse/DP	\$363.00	\$641.50	\$351.00	\$278.50	\$16.92	\$2.24
You + Child(ren)	\$319.00	\$563.50	\$312.50	\$249.00	\$21.59	\$2.30
You + Family	\$560.50	\$924.00	\$527.50	\$395.00	\$33.26	\$3.83
\$170,001 - \$255,000						
Just You	\$190.50	\$321.00	\$184.00	\$123.00	\$9.09	\$1.44
You + Spouse/DP	\$473.50	\$735.00	\$458.00	\$343.00	\$24.05	\$3.14
You + Child(ren)	\$418.50	\$647.00	\$408.00	\$306.50	\$31.55	\$3.22
You + Family	\$729.00	\$1,070.00	\$686.00	\$489.50	\$50.23	\$5.68

California Offices

2026 **Exempt** Per Pay Period Contribution Schedule

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
\$255,001 - \$340,000						
Just You	\$249.00	\$380.50	\$240.00	\$169.50	\$12.78	\$2.01
You + Spouse/DP	\$577.50	\$840.00	\$544.50	\$436.50	\$30.75	\$4.04
You + Child(ren)	\$507.50	\$744.00	\$488.50	\$392.00	\$39.77	\$4.14
You + Family	\$867.50	\$1,210.00	\$798.00	\$614.50	\$62.23	\$7.09
\$340,001						
Just You	\$260.50	\$416.50	\$253.50	\$177.00	\$14.06	\$2.29
You + Spouse/DP	\$633.50	\$945.00	\$586.00	\$480.50	\$34.05	\$4.64
You + Child(ren)	\$560.50	\$833.50	\$524.50	\$429.50	\$44.07	\$4.75
You + Family	\$969.50	\$1,375.50	\$863.50	\$682.50	\$69.05	\$8.16

California Offices

2026 **Non-Exempt** Per Pay Period Contribution Schedule

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
< \$85,000						
Just You	\$83.08	\$234.00	\$81.69	\$59.54	\$4.80	\$0.76
You + Spouse/DP	\$221.54	\$524.77	\$216.46	\$178.15	\$12.78	\$1.65
You + Child(ren)	\$193.85	\$466.62	\$192.00	\$158.31	\$16.79	\$1.71
You + Family	\$346.15	\$706.15	\$328.15	\$257.54	\$26.77	\$3.01
\$85,001 - \$170,000						
Just You	\$132.92	\$261.69	\$129.23	\$95.08	\$7.02	\$1.10
You + Spouse/DP	\$335.08	\$592.15	\$324.00	\$257.08	\$15.62	\$2.07
You + Child(ren)	\$294.46	\$520.15	\$288.46	\$229.85	\$19.93	\$2.12
You + Family	\$517.38	\$852.92	\$486.92	\$364.62	\$30.70	\$3.54
\$170,001 - \$255,000						
Just You	\$175.85	\$296.31	\$169.85	\$113.54	\$8.39	\$1.33
You + Spouse/DP	\$437.08	\$678.46	\$422.77	\$316.62	\$22.20	\$2.90
You + Child(ren)	\$386.31	\$597.23	\$376.62	\$282.92	\$29.12	\$2.97
You + Family	\$672.92	\$987.69	\$633.23	\$451.85	\$46.37	\$5.24

California Offices

2026 **Non-Exempt** Per Pay Period Contribution Schedule

Employees Earning	CIGNA HMO	CIGNA PPO	CIGNA HDHP	KAISER	CIGNA Dental	VSP Vision
\$255,001 - \$340,000						
Just You	\$229.85	\$351.23	\$221.54	\$156.46	\$11.80	\$1.86
You + Spouse/DP	\$533.08	\$775.38	\$502.62	\$402.92	\$28.38	\$3.73
You + Child(ren)	\$468.46	\$686.77	\$450.92	\$361.85	\$36.71	\$3.82
You + Family	\$800.77	\$1,116.92	\$736.62	\$567.23	\$57.44	\$6.54
\$340,001						
Just You	\$240.46	\$384.46	\$234.00	\$163.38	\$12.98	\$2.11
You + Spouse/DP	\$584.77	\$872.31	\$540.92	\$443.54	\$31.43	\$4.28
You + Child(ren)	\$517.38	\$769.38	\$484.15	\$396.46	\$40.68	\$4.38
You + Family	\$894.92	\$1,269.69	\$797.08	\$630.00	\$63.74	\$7.53