County of Imperial - Employees

Medical Bi-Weekly Premium Rates

Effective January 1, 2027

Medical	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children
County Contribution	$475.42	$913.50	$665.49	$1,103.57
Employee Cost Plan 1 ($500 Deductible)	$70.45	$184.83	$159.42	$273.84
Employee Cost Plan 2 ($1,500 Deductible)	$9.23	$30.80	$13.37	$44.16
Employee Cost Plan 1 - Dual	n/a	$154.03	n/a	$229.68
Employee Cost Plan 2 - Dual	n/a	0.00	n/a	0.00

Dental/Vision	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children
County Contribution Gifted Dental Self Funded/Vision	$17.25	$32.77	$33.84	$49.59
County Contribution Gifted Dental DHS/Vision	$14.02	$26.75	$27.63	$40.49
Employee Cost Principal Self Funded Dental	$15.40	$28.64	$29.60	$43.29
Employee Cost Dental Health Services	$12.17	$22.62	$23.39	$34.19
Employee Cost Vision Service Plan	$1.85	$4.13	$4.24	$6.30

Dual Coverage

Both spouses working for the County of Imperial are eligible for ***Plan 2 ($1,500 Deductible)*** at no cost to either employee. Plan I Cost is divided between both employees.

Gifted Dental/Vision

Dental & Vision insurance coverage at no cost to employees in the following Bargaining Units:

Management (A), Department Heads (B), Sheriff's Association (I), Public Safety Supervisory Unit (K), Public Safety Management (J), Probation & Corrections Peace Officers (L), D.A. Investigators Unit (O), Firefighters Bargaining Unit (S).

BOS 10/20/2026