

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel), MA (Managers) & SM (Sworn Management)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11	\$227.85	\$411.68	\$573.08	\$151.90	\$274.46	\$382.06
Employee	\$163.58	\$295.56	\$411.44	\$239.53	\$432.79	\$602.47	\$315.48	\$570.01	\$793.49
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36	\$295.13	\$532.58	\$741.27	\$196.75	\$355.06	\$494.18
Employee	\$211.88	\$382.36	\$532.19	\$310.25	\$559.89	\$779.28	\$408.63	\$737.41	\$1,026.37
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$236.38	\$467.55	\$659.72	\$177.29	\$350.66	\$494.79	\$118.19	\$233.78	\$329.86
Employee	\$127.27	\$251.75	\$355.23	\$186.36	\$368.64	\$520.16	\$245.46	\$485.52	\$685.09
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$384.67	\$542.72	\$146.57	\$288.50	\$407.04	\$97.72	\$192.34	\$271.36
Employee	\$105.22	\$207.13	\$292.23	\$154.08	\$303.30	\$427.91	\$202.93	\$399.46	\$563.59
	NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC: \$6,000 (\$250 24 times per year) CA, MA & SM: \$6,240 (\$260 24 times per year)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC: \$4,500 (\$188 24 times per year) CA, MA & SM: \$4,680 (\$195 24 times per year)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC - \$3,000 (\$125 24 times per year) CA, MA & SM: \$3,120 (\$130 24 times per year)		

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Heads)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$317.52	\$573.93	\$799.07	\$238.14	\$430.45	\$599.30	\$158.76	\$286.97	\$399.54
Employee	\$149.86	\$270.54	\$376.48	\$229.24	\$414.02	\$576.25	\$308.62	\$557.50	\$776.01
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$414.92	\$748.96	\$1,042.57	\$311.19	\$561.72	\$781.93	\$207.46	\$374.48	\$521.29
Employee	\$190.46	\$343.51	\$477.98	\$294.19	\$530.75	\$738.62	\$397.92	\$717.99	\$999.26
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$253.07	\$498.13	\$701.51	\$189.80	\$373.60	\$526.13	\$126.54	\$249.07	\$350.76
Employee	\$110.58	\$221.17	\$313.44	\$173.85	\$345.70	\$488.82	\$237.11	\$470.23	\$664.19
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$209.11	\$408.71	\$575.40	\$156.83	\$306.53	\$431.55	\$104.56	\$204.36	\$287.70
Employee	\$91.54	\$183.09	\$259.55	\$143.82	\$285.27	\$403.40	\$196.09	\$387.44	\$547.25
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions.</i>		
	<i>\$6,240 (\$260 24 times per year)</i>			<i>\$4,680 (\$195 24 times per year)</i>			<i>\$3,120 (\$130 24 times per year)</i>		

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.
PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2019

Contributions are deducted over 24 pay periods

Participation in the Dental and Vision plans is mandatory when participating in a County-sponsored health plan.

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$23.21	\$42.07	\$59.09	\$17.41	\$31.55	\$44.32	\$11.61	\$21.04	\$29.55
Employee	\$5.80	\$10.51	\$14.77	\$11.60	\$21.03	\$29.54	\$17.40	\$31.54	\$44.31

	For employees in bargaining units CA, CC, MA & SM			For employees in bargaining units CA, CC, MA & SM			For employees in bargaining units CA, CC, MA & SM		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01	\$14.15	\$25.64	\$36.01	\$9.43	\$17.09	\$24.01
Employee	\$10.15	\$18.40	\$25.85	\$14.86	\$26.94	\$37.85	\$19.58	\$35.49	\$49.85
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC:\$6,000 (\$250 24 times per year) CA, MA & SM: \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC:\$4,500 (\$188 24 times per year) CA, MA & SM: \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. CC:\$3,000 (\$125 24 times per year) CA, MA & SM: \$3,120 (\$130 24 times per year)</i>		

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01
Employee	\$10.15	\$18.40	\$25.85
	<i>NOTE: Employees receive \$4,108.08 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)</i>		

	For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.59	\$33.63	\$47.14	\$13.94	\$25.22	\$35.36	\$9.30	\$16.82	\$23.57
Employee	\$10.42	\$18.95	\$26.72	\$15.07	\$27.36	\$38.50	\$19.71	\$35.76	\$50.29
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$3,120 (\$130 24 times per year)</i>		