

HEALTH PLAN CONTRIBUTION RATES PUBLIC EMPLOYEES, LOCAL # 1

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$435.33	\$785.17	\$1,092.54
Employee Contribution	\$108.83	\$196.29	\$273.13
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$342.53	\$618.37	\$860.54
Employee Contribution	\$85.63	\$154.59	\$215.13
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$286.86	\$568.22	\$802.78
Employee Contribution	\$71.72	\$142.06	\$200.69
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$365.51	\$742.28	\$1,049.66
Employee Contribution	\$91.38	\$185.57	\$262.41

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$326.50	\$588.87	\$819.40
Employee Contribution	\$217.66	\$392.59	\$546.27
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$256.90	\$463.77	\$645.40
Employee Contribution	\$171.26	\$309.19	\$430.27
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$215.15	\$426.17	\$602.08
Employee Contribution	\$143.43	\$284.11	\$401.39
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$274.13	\$556.71	\$787.24
Employee Contribution	\$182.76	\$371.14	\$524.83

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$217.66	\$392.58	\$546.27
Employee Contribution	\$326.50	\$588.88	\$819.40
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$171.26	\$309.18	\$430.27
Employee Contribution	\$256.90	\$463.78	\$645.40
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$143.43	\$284.11	\$401.39
Employee Contribution	\$215.15	\$426.17	\$602.08
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$182.75	\$371.14	\$524.83
Employee Contribution	\$274.14	\$556.71	\$787.24

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan

Revised 4/18/14

HEALTH PLAN CONTRIBUTION RATES OPERATING ENGINEERS, LOCAL # 3

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$435.33	\$785.17	\$1,092.54
Employee Contribution	\$108.83	\$196.29	\$273.13
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$342.53	\$618.37	\$860.54
Employee Contribution	\$85.63	\$154.59	\$215.13
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$286.86	\$568.22	\$802.78
Employee Contribution	\$71.72	\$142.06	\$200.69
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$365.51	\$742.28	\$1,049.66
Employee Contribution	\$91.38	\$185.57	\$262.41

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$326.50	\$588.87	\$819.40
Employee Contribution	\$217.66	\$392.59	\$546.27
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$256.90	\$463.77	\$645.40
Employee Contribution	\$171.26	\$309.19	\$430.27
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$215.15	\$426.17	\$602.08
Employee Contribution	\$143.43	\$284.11	\$401.39
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$274.13	\$556.71	\$787.24
Employee Contribution	\$182.76	\$371.14	\$524.83

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$217.66	\$392.58	\$546.27
Employee Contribution	\$326.50	\$588.88	\$819.40
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$171.26	\$309.18	\$430.27
Employee Contribution	\$256.90	\$463.78	\$645.40
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$143.43	\$284.11	\$401.39
Employee Contribution	\$215.15	\$426.17	\$602.08
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$182.75	\$371.14	\$524.83
Employee Contribution	\$274.14	\$556.71	\$787.24

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan

Revised 4/18/14

HEALTH PLAN CONTRIBUTION RATES DEPUTY SHERIFF'S ASSOCIATION

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$353.70	\$637.95	\$887.69
Employee Contribution	\$190.46	\$343.51	\$477.98
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$278.30	\$502.42	\$699.19
Employee Contribution	\$149.86	\$270.54	\$376.48
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$233.08	\$461.68	\$652.26
Employee Contribution	\$125.50	\$248.60	\$351.21
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$296.98	\$603.10	\$852.85
Employee Contribution	\$159.91	\$324.75	\$459.22
Note: Employees receive \$4,108 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)			

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$265.28	\$478.46	\$665.76
Employee Contribution	\$278.88	\$503.00	\$699.91
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$208.73	\$376.82	\$524.39
Employee Contribution	\$219.43	\$396.14	\$551.28
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$174.81	\$346.26	\$489.19
Employee Contribution	\$183.77	\$364.02	\$514.28
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$222.74	\$452.33	\$639.63
Employee Contribution	\$234.15	\$475.52	\$672.44
Note: Employees receive \$3,081 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)			

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$176.85	\$318.98	\$443.84
Employee Contribution	\$367.31	\$662.48	\$921.83
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$139.15	\$251.21	\$349.59
Employee Contribution	\$289.01	\$521.75	\$726.08
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$116.54	\$230.84	\$326.13
Employee Contribution	\$242.04	\$479.44	\$677.34
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$148.49	\$301.55	\$426.42
Employee Contribution	\$308.40	\$626.30	\$885.65
Note: Employees receive \$2,054 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)			

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan

Revised 4/18/14

HEALTH PLAN CONTRIBUTION RATES

Unrepresented Management, Represented Managers, Deputy County Counsel, Law Enforcement Managers, Confidential, Criminal Attorney, Elected Official, and Department Head units

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$353.70	\$637.95	\$887.69
Employee Contribution	\$190.46	\$343.51	\$477.98
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$278.30	\$502.42	\$699.19
Employee Contribution	\$149.86	\$270.54	\$376.48
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$233.08	\$461.68	\$652.26
Employee Contribution	\$125.50	\$248.60	\$351.21
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$296.98	\$603.10	\$852.85
Employee Contribution	\$159.91	\$324.75	\$459.22
Note: Employees receive \$6,000 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)			

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$265.28	\$478.46	\$665.76
Employee Contribution	\$278.88	\$503.00	\$699.91
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$208.73	\$376.82	\$524.39
Employee Contribution	\$219.43	\$396.14	\$551.28
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$174.81	\$346.26	\$489.19
Employee Contribution	\$183.77	\$364.02	\$514.28
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$222.74	\$452.33	\$639.63
Employee Contribution	\$234.15	\$475.52	\$672.44
Note: Employees receive \$4,500 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$188 each)			

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$176.85	\$318.98	\$443.84
Employee Contribution	\$367.31	\$662.48	\$921.83
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$139.15	\$251.21	\$349.59
Employee Contribution	\$289.01	\$521.75	\$726.08
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$116.54	\$230.84	\$326.13
Employee Contribution	\$242.04	\$479.44	\$677.34
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$148.49	\$301.55	\$426.42
Employee Contribution	\$308.40	\$626.30	\$885.65
Note: Employees receive \$3,000 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)			

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan

Revised 4/18/14

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2014
Monthly Rates and Contributions

EARLY RETIREES			
	Retiree Only	Retiree + 1	Family
Blue Shield PPO \$200 Deductible Plan	\$1,034.04	\$1,865.20	\$2,595.63
Blue Shield PPO \$1,250 ABHP*	\$802.04	\$1,448.20	\$2,015.63
Kaiser HMO	\$662.87	\$1,322.84	\$1,871.23
United Healthcare HMO	\$859.49	\$1,757.98	\$2,488.43

MEDICARE RETIREES			
If you elect coverage...	Then use these rates...		
...for only yourself, and you are enrolled in Medicare Parts A & B....	...One in A & B		
...for yourself and 1 dependent, and one of you is enrolled in Medicare Parts A & B, and one is under 65 and not enrolled in Medicare A & BOne A & B, one not		
...for yourself and 1 dependent, and both of you are enrolled in Medicare Parts A & BTwo in A & B		
	One in A & B	One A & B, one not	Two in A & B
Blue Shield PPO \$200 Deductible Plan	\$737.44	\$1,767.99	\$1,373.99
Blue Shield PPO \$1,250 ABHP*	\$722.04	\$1,521.20	\$1,345.20
Kaiser Senior Advantage	\$441.35	\$1,101.33	\$879.81

COUNTY CONTRIBUTIONS			
Tier	Years of Service	Pre-65	65+
Tier 1	12-14 years	\$218.77	\$159.15
Tier 2	15-19 years	\$331.47	\$241.13
Tier 3	20+ years	\$444.17	\$323.12
4 Year Option**		\$662.94	\$482.27

* Account-Based Health Plan

**The 4-Year option is available only to Local 1 employees at the time of retirement.

Option Dental Coverage			
DELTA DENTAL			
	Retiree Only	Retiree + 1	Family
All Enrollees	\$54.28	\$97.71	\$135.71

Over 65 without Medicare Parts A&B

KAISER 65+ WITHOUT MEDICARE PARTS A & B

Neither Part A nor B, or Part B only	Single \$1,730.78
Part A only	\$1,320.13
With dependants	Call Risk Management for rates

BLUE SHIELD WITHOUT MEDICARE PARTS A & B

Note: Blue Shield retirees over 65 without Medicare parts A & B use Early Retiree Blue Shield rates.

Revised 4/18/14

HEALTH PLAN CONTRIBUTION RATES COBRA / AFFILIATED AGENCIES

Effective January 1, 2014

Monthly Rates

COBRA / AFFILIATED AGENCIES			
	Single	Employee +1	Family
Blue Shield PPO \$200 Deductible Plan	\$1,088.32	\$1,962.91	\$2,731.34
Blue Shield PPO \$1,250 ABHP*	\$856.32	\$1,545.91	\$2,151.34
Kaiser HMO	\$717.15	\$1,420.55	\$2,006.94
United Healthcare HMO	\$913.77	\$1,855.69	\$2,624.14

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Revised 4/18/14