

COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

Effective July 1, 2008

These rates apply per Bi-Weekly Pay Period for all regular full-time El Dorado County employees regardless of which Plan is elected.

Total Cost (Same for all Units)			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$303.00	\$571.00	\$764.00

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$244.20	\$460.20	\$615.80
Employee Contribution	\$58.80	\$110.80	\$148.20

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$244.20	\$460.20	\$615.80
Employee Contribution	\$58.80	\$110.80	\$148.20

Deputy Sheriff Unit			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$164.03	\$314.63	\$424.89
Employee Contribution	\$138.97	\$256.37	\$339.11

Note: Employees in these Units receive \$158 per Pay Period in Optional Benefits Plan credits, which can be used offset employee contributions.

Represented Management			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$171.90	\$327.81	\$447.15
Employee Contribution	\$131.10	\$243.19	\$316.85

Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. The amount is \$6000 per year, or 230.77 per Pay Period.

Unrepresented Management, Criminal Attorney, County Counsel, Confidential, Elected Official, and Department Head Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$171.90	\$327.81	\$447.15
Employee Contribution	\$131.10	\$243.19	\$316.85

Note: Employees in these Units receive Optional Benefits Plan credits each Pay Period that can be used offset employee contributions. The amount is \$6000 per year, or \$230.77 per Pay Period.

Please note: there are no rate increases in the County Sponsored Health Plans for employees for the period starting July 1, 2008 and ending June 30, 2009. The County has absorbed the increase to prevent an increase in cost to the employees this year. This shall not be considered a precedent or a desire to depart from existing MOU language regarding the distribution of health costs among the County and employees in future years.

COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

Effective July 1, 2008 Part-Time Employees 40 - 63 Hours

*These rates apply per Bi-Weekly Pay Period for regular part-time El Dorado County employees regardless of which Plan is elected.**

Total Cost (Same for all Units)			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$303.00	\$571.00	\$764.00

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$185.40	\$349.40	\$467.60
Employee Contribution	\$117.60	\$221.60	\$296.40

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$185.40	\$349.40	\$467.60
Employee Contribution	\$117.60	\$221.60	\$296.40

Deputy Sheriff Unit			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$125.27	\$240.22	\$324.42
Employee Contribution	\$177.73	\$330.78	\$439.58

Note: Employees in these Units receive \$118.50 per Pay Period in Optional Benefits Plan credits, which can be used offset employee contributions.

Represented Management			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$131.18	\$250.11	\$341.11
Employee Contribution	\$171.82	\$320.89	\$422.89

Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is \$173.08 per Pay Period.

Unrepresented Management, Confidential, County Counsel, Criminal Attorney, Elected Official, & Department Head Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$131.18	\$250.11	\$341.11
Employee Contribution	\$171.82	\$320.89	\$422.89

Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is \$173.08 per Pay Period.

Please note: there are no rate increases in the County Sponsored Health Plans for employees for the period starting July 1, 2008 and ending June 30, 2009. The County has absorbed the increase to prevent an increase in cost to the employees this year. This shall not be considered a precedent or a desire to depart from existing MOU language regarding the distribution of health costs among the County and employees in future years.

* These rates apply to employees who became part-time employees after 9/7/91. Those who became part-time employees prior to 9/7/91 contribute as if they were full time. Employees who work less than 32 hours per pay period are not eligible for coverage. Rates are based upon regularly scheduled hours, not the actual hours worked.

COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

Effective July 1, 2008 Part-Time Employees 32 - 39 Hours

*These rates apply per Bi-Weekly Pay Period for regular part-time El Dorado County employees regardless of which Plan is elected.**

Total Cost (Same for all Units)			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$303.00	\$571.00	\$764.00

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$126.60	\$238.60	\$319.40
Employee Contribution	\$176.40	\$332.40	\$444.60

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$126.60	\$238.60	\$319.40
Employee Contribution	\$176.40	\$332.40	\$444.60

Deputy Sheriff and D.A. Investigator Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$86.51	\$165.81	\$223.95
Employee Contribution	\$216.49	\$405.19	\$540.05
Note: Employees in these Units receive \$79 per Pay Period in Optional Benefits Plan credits, which can be used offset employee contributions.			

Represented Management			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$90.45	\$172.40	\$235.08
Employee Contribution	\$212.55	\$398.60	\$528.92
Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is 115.38 per Pay Period.			

Unrepresented Management, Confidential, County Counsel, Criminal Attorney, Elected Official, & Department Head Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$90.45	\$172.40	\$235.07
Employee Contribution	\$212.55	\$398.60	\$528.93
Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is \$115.38 per Pay Period.			

Please note: there are no rate increases in the County Sponsored Health Plans for employees for the period starting July 1, 2008 and ending June 30, 2009. The County has absorbed the increase to prevent an increase in cost to the employees this year. This shall not be considered a precedent or a desire to depart from existing MOU language regarding the distribution of health costs among the County and employees in future years.

* These rates apply to employees who became part-time employees after 9/7/91. Those who became part-time employees prior to 9/7/91 contribute as if they were full time. Employees who work less than 32 hours per pay period are not eligible for coverage. Rates are based upon regularly scheduled hours, not the actual hours worked.

EL DORADO COUNTY SPONSORED HEALTH PLANS

MONTHLY RATES EFFECTIVE JULY 1, 2008

FOR RETIREES & COVERED DEPENDENTS WITHOUT MEDICARE

	<i>Without Dental</i>	<i>With Dental</i>
BLUE SHIELD Standard Plan (\$200 Deductible)		
Retiree Only	\$608	\$657
Retiree + 1 Dependent	\$1,149	\$1,237
Retiree + 2 or more	\$1,533	\$1,655

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
Retiree Only	\$558	\$607
Retiree + 1 Dependent	\$1,050	\$1,137
Retiree + 2 or more	\$1,412	\$1,534

KAISER PERMANENTE HMO PLAN (\$15 Copay)		
Retiree Only	\$476	\$525
Retiree + 1 Dependent	\$951	\$1,038
Retiree + 2 or more	\$1,345	\$1,467

PACIFICARE HMO PLAN (\$15 Copay)		
Retiree Only	\$436	\$485
Retiree + 1 Dependent	\$891	\$978
Retiree + 2 or more	\$1,260	\$1,382

If you or your dependent is enrolled in Medicare Parts A and B, please see the rates for Medicare Retirees.

EL DORADO COUNTY HEALTH PLANS FOR MEDICARE RETIREES

MONTHLY RATES EFFECTIVE JULY 1, 2008

These rates apply if you are a former County employee, who meets eligibility rules for a County Sponsored Health Plan, and who receives retirement benefits from PERS, and you or a dependent or both of you are enrolled in Medicare parts A and B.

One in Medicare A & B: This is your rate if you are electing coverage for yourself only, and you are enrolled in Medicare A & B.

One in Medicare A & B and one not in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and one of you is enrolled in Medicare A & B, but the other of you is not enrolled in Medicare A & B.

Two in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and both of you are enrolled in Medicare A & B.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
BLUE SHIELD Standard Plan (\$200 Deductible)		
One in Medicare A & B	\$489	\$538
One in Medicare A & B and one not in Medicare A & B	\$1,051	\$1,139
Two in Medicare A & B	\$910	\$998

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
One in Medicare A & B	\$446	\$495
One in Medicare A & B and one not in Medicare A & B	\$957	\$1,045
Two in Medicare A & B	\$826	\$914

KAISER SENIOR ADVANTAGE (\$5 Copay)		
One in Medicare A & B	\$383	\$400
One in Medicare A & B and one not in Medicare A & B	\$857	\$913
Two in Medicare A & B	\$764	\$798

**EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER
WHO ARE OVER 65 AND HAVE NEITHER PART A & B OR PART B ONLY**

MONTHLY RATES EFFECTIVE JULY 1, 2008

These rates apply if you are a former County employee who meets eligibility rules for a County Sponsored Health Plan, and who receives retirement benefits from PERS, and you or a dependent or both of you are not enrolled in Medicare parts A & B or are enrolled in Part B only.

One over 65 who is neither in Part A & B, or Part B Only: This is your rate if you are electing coverage for yourself only, and you are not enrolled in Medicare A & B or in Part B only.

One over 65 who is neither in Part A & B, or Part B Only and one over 65 that is enrolled in Senior Advantage: This is your rate if you are enrolling yourself and one dependent, and one of you are not enrolled in Medicare A & B or in Part B only, but the other of you is enrolled in Senior Advantage.

Two of you are over 65 and neither is in Part A & B, or are in Part B Only: This is your rate if you are enrolling yourself and one dependent, and both of you are not enrolled in Medicare A & B or in Part B only.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Kaiser HMO \$15 Copay Plan		
One over 65 with no Part A & B coverage , or Part B coverage only	\$1,171	\$1,220
Two over 65 with one with no Part A & B coverage , or Part B coverage only and the other covered by Senior advantage	\$1,552	\$1,617
Two over 65 with no Part A & B coverage , or Part B coverage only	\$2,340	\$2,427

**EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER
WHO ARE OVER 65 AND HAVE PART A ONLY**

MONTHLY RATES EFFECTIVE JULY 1, 2008

These rates apply if you are a former County employee who meets eligibility rules for a County Sponsored Health Plan, and who receives retirement benefits from PERS, and you or a dependent or both of you are only enrolled in Part A.

One over 65 who is in Part A Only: This is your rate if you are electing coverage for yourself only, and you are not enrolled in Part A only.

One over 65 who is in Part A Only and one over 65 that is enrolled in Senior Advantage: This is your rate if you are enrolling yourself and one dependent, and one of you are not enrolled in Part A only, but the other of you is enrolled in Senior Advantage.

Two of you are over 65 and both are in Part A Only: This is your rate if you are enrolling yourself and one dependent, and both of you are enrolled in Part A only.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Kaiser HMO \$15 Copay Plan		
One over 65 with Part A coverage only	\$777	\$826
Two over 65 with one with Part A coverage only and the other covered by Senior Advantage	\$1,158	\$1,224
Two over 65 with Part A coverage only	\$1,552	\$1,640

**EL DORADO COUNTY SPONSORED HEALTH PLANS
MONTHLY RATES EFFECTIVE JULY 1, 2008 FOR
QUALIFIED BENEFICIARIES UNDER COBRA**

These rates apply to all County-Sponsored Health Plans	
Single	\$670
Two Person	\$1,262
Three or more	\$1,688

Employee Assistance Program (EAP) through MHN Monthly Rate is \$9.82 regardless of the number enrolled
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**EL DORADO COUNTY SPONSORED HEALTH PLANS
MONTHLY RATES EFFECTIVE JULY 1, 2008 FOR
AFFILIATED EMPLOYERS**

If Employer's M.O.U. with County provides no retiree continuation coverage to Retirees, the following rates apply for active employees regardless of which County-Sponsored Plan(s) are elected by employees.

Employee Only	\$657
Employee + 1	\$1,237
Employee + 2 or more	\$1,655

If Employer's M.O.U. with the County provides for retiree continuation coverage for Retirees, the following rates will apply for active employees, regardless of which County-Sponsored Plan(s) are elected by employees.

Employee Only	\$670
Employee + 1	\$1,262
Employee + 2 or more	\$1,688

District Retiree Continuation rates, if available to District Retirees by M.O.U. with the County, are the same as for El Dorado County Retirees. Retiree rates vary depending upon the Plan which is elected, Medicare enrollment status of the retiree, and number of covered dependents.

Notes:

- Affiliated Employers each have their own rules regarding the employer's share versus the employee's share in the cost of Health Benefits. The above rates reflect the total cost, regardless of which County Health Plan is elected by an employee.
- COBRA continuation coverage is available to Qualified Beneficiaries directly through El Dorado County as required by federal law, at slightly different rates.

