

COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

Published Rate - Effective Jan 1, 2012

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
	\$413.93	\$779.44	\$1,078.28

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$331.14	\$623.55	\$862.62
Employee Contribution	\$82.79	\$155.89	\$215.66

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$331.14	\$623.55	\$862.62
Employee Contribution	\$82.79	\$155.89	\$215.66

Deputy Sheriff Unit			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$248.54	\$481.68	\$664.79
Employee Contribution	\$165.39	\$297.76	\$413.49

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

Represented Managers Association, Criminal Attorney, Deputy County Counsel, and Law Enforcement Managers Association			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$252.68	\$484.03	\$686.75
Employee Contribution	\$161.25	\$295.41	\$391.53

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

Unrepresented Management, Confidential, Elected Official, and Department Head Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$252.68	\$484.03	\$686.75
Employee Contribution	\$161.25	\$295.41	\$391.53

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

Note: Rates are based on adopted and proposed MOUs and are subject to final agreement between the Board of Supervisors and represented employees.

COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

Published Rates - Effective Jan 1, 2012 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
	\$413.93	\$779.44	\$1,078.28

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$248.36	\$467.66	\$646.97
Employee Contribution	\$165.57	\$311.78	\$431.31

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$248.36	\$467.66	\$646.97
Employee Contribution	\$165.57	\$311.78	\$431.31

Deputy Sheriff Unit			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$186.41	\$361.26	\$498.59
Employee Contribution	\$227.52	\$418.18	\$579.69

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

Represented Management			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$189.51	\$363.02	\$515.06
Employee Contribution	\$224.42	\$416.42	\$563.22

Note: Employees in these Units receive Optional Benefits Plan credits which can be used to 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	\$189.51	\$363.02	\$515.06
Employee Contribution	\$224.42	\$416.42	\$563.22

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

Note: Rates are based on adopted and proposed MOUs and are subject to final agreement between the Board of Supervisors and represented employees.

* 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

Published Rates - Effective Jan 1, 2012 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
	\$413.93	\$779.44	\$1,078.28

General, Professional and Supervisory Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$165.57	\$311.78	\$431.31
Employee Contribution	\$248.36	\$467.66	\$646.97

Trades & Crafts, Corrections, and Probation Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$165.57	\$311.78	\$431.31
Employee Contribution	\$248.36	\$467.66	\$646.97

Deputy Sheriff and D.A. Investigator Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$124.27	\$240.84	\$332.40
Employee Contribution	\$289.66	\$538.60	\$745.88
Note: Employees in these Units receive \$79 per Pay Period in Optional Benefits Plan credits, which can be used to offset employee contributions.			

Represented Managers Association, Criminal Attorney, Deputy County Counsel, and Law Enforcement Managers Association			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$126.34	\$242.02	\$343.38
Employee Contribution	\$287.59	\$537.42	\$734.90
Note: Employees in these Units receive Optional Benefits Plan credits which can be used to offset employee contributions. Amount is 115.38 per Pay Period.			

Unrepresented Management, Confidential, Elected Official, and Department Head Units			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$126.34	\$242.02	\$343.38
Employee Contribution	\$287.59	\$537.42	\$734.90
Note: Employees in these Units receive Optional Benefits Plan credits which can be used to offset employee contributions. Amount is \$115.38 per Pay Period.			

Note: Rates are based on adopted and proposed MOUs and are subject to final agreement between the Board of Supervisors and represented employees.

* 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 Jan 1, 2012

FOR RETIREES & COVERED DEPENDENTS WITHOUT MEDICARE

	<i>Without Dental</i>	<i>With Dental</i>
BLUE SHIELD Standard Plan (\$200 Deductible)		
Retiree Only	\$844.17	\$896.85
Retiree + 1 Dependent	\$1,593.94	\$1,688.78
Retiree + 2 or more	\$2,204.55	\$2,336.27

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
Retiree Only	\$842.81	\$895.49
Retiree + 1 Dependent	\$1,568.78	\$1,663.62
Retiree + 2 or more	\$2,181.58	\$2,313.30

KAISER PERMANENTE HMO PLAN (\$15 Copay)		
Retiree Only	\$657.56	\$710.24
Retiree + 1 Dependent	\$1,312.25	\$1,407.09
Retiree + 2 or more	\$1,856.26	\$1,987.98

PACIFICARE HMO PLAN (\$15 Copay)		
Retiree Only	\$675.11	\$727.79
Retiree + 1 Dependent	\$1,379.83	\$1,474.67
Retiree + 2 or more	\$1,954.30	\$2,086.02

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 Jan 1, 2012

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) 621-5565 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	\$710.11	\$762.79
One in Medicare A & B and one not in Medicare A & B	\$1,510.04	\$1,604.88
Two in Medicare A & B	\$1,323.34	\$1,418.18

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
One in Medicare A & B	\$650.51	\$703.19
One in Medicare A & B and one not in Medicare A & B	\$1,378.96	\$1,473.80
Two in Medicare A & B	\$1,204.16	\$1,299.00

KAISER SENIOR ADVANTAGE (\$5 Copay)		
One in Medicare A & B	\$424.05	\$476.73
One in Medicare A & B and one not in Medicare A & B	\$1,072.72	\$1,167.56
Two in Medicare A & B	\$845.24	\$940.08

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

MONTHLY RATES EFFECTIVE Jan 1, 2012

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 and B or are only enrolled in Part B.

One over 65 who is neither in Part A or 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 or B, or Part B Only and one over 65 that assigned Medicare to Blue Shield: 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 assigned Medicare to Blue Shield.

Two of you are over 65 and neither is in Part A or 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) 621-5565 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Blue Shield High \$200		
One over 65 with no Part A or B coverage , or Part B coverage only	\$844.17	\$896.85
Two over 65 with one with no Part A or B coverage , or Part B coverage only and the other assigned Medicare to Blue Shield.	\$1,554.28	\$1,649.12
Two over 65 with no Part A or B coverage , or Part B coverage only	\$2,204.55	\$2,336.27
Blue Shield Low \$1,000		
One over 65 with no Part A or B coverage , or Part B coverage only	\$842.81	\$895.49
Two over 65 with one with no Part A or B coverage , or Part B coverage only and the other assigned Medicare to Blue Shield.	\$1,493.32	\$1,588.16
Two over 65 with no Part A or B coverage , or Part B coverage only	\$2,181.58	\$2,313.30

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

MONTHLY RATES EFFECTIVE Jan 1, 2012

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 enrolled in Part A only.

One over 65 who is in Part A Only and one over 65 that assigned Medicare to Blue Shield: This is your rate if you are enrolling yourself and one dependent, and one of you are enrolled in Part A only, but the other of you assigned Medicare to Blue Shield.

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) 621-5565 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Blue Shield High \$200		
One over 65 with Part A coverage only	\$844.17	\$896.85
Two over 65 with one with Part A coverage only and the other assigned Medicare to Blue Shield.	\$1,554.28	\$1,649.12
Two over 65 with Part A coverage only	\$2,204.55	\$2,336.27
Blue Shield Low \$1,000		
One over 65 with Part A coverage only	\$842.81	\$895.49
Two over 65 with one with Part A coverage only and the other assigned Medicare to Blue Shield.	\$1,493.32	\$1,588.16
Two over 65 with Part A coverage only	\$2,181.58	\$2,313.30

**EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER
WHO ARE OVER 65 WHO HAVE NEITHER PART A & B OR PART B ONLY OR
NOT ENROLLED IN KAISER SENIOR ADVANTAGE**

MONTHLY RATES EFFECTIVE Jan 1, 2012

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 and B or are only enrolled in Part B.

One over 65 who is neither in Part A or 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 or 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 or 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 or B coverage , or Part B coverage only	\$1,561.22	\$1,613.90
Two over 65 with one with no Part A or B coverage , or Part B coverage only and the other covered by Senior advantage	\$1,965.08	\$2,017.76
Two over 65 with no Part A or B coverage , or Part B coverage only	\$3,119.59	\$3,214.43

**EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER
WHO ARE OVER 65 AND HAVE PART A ONLY OR NOT ENROLLED IN KAISER
SENIOR ADVANTAGE**

MONTHLY RATES EFFECTIVE Jan 1, 2012

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 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 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) 621-5565 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	\$1,150.57	\$1,203.25
Two over 65 with one with Part A coverage only and the other covered by Senior Advantage	\$1,554.43	\$1,607.11
Two over 65 with Part A coverage only	\$2,298.29	\$2,393.13

EL DORADO COUNTY SPONSORED HEALTH PLANS
MONTHLY RATES EFFECTIVE Jan 1, 2012 FOR
QUALIFIED BENEFICIARIES UNDER COBRA

These rates apply to all County-Sponsored Health Plans	
Single	\$914.78
Two Person	\$1,722.56
Three or more	\$2,383.00

Employee Assistance Program (EAP) through MHN
For Blue Shield, Kaiser & PacifiCare members the monthly CSAC Rate
is \$8.87 regardless of the number enrolled

EL DORADO COUNTY SPONSORED HEALTH PLANS
MONTHLY RATES EFFECTIVE Jan 1, 2012 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	\$896.85
Employee + 1	\$1,688.78
Employee + 2 or more	\$2,336.27

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	\$914.78
Employee + 1	\$1,722.56
Employee + 2 or more	\$2,383.00

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.

Retiree Health Defined Contributions Program
County Contribution Credits for Eligible Retirees Effective January 1, 2012

Before age 65:		Age 65 and older:	
Level 3	\$402.60	Level 3	\$342.42
Level 2	\$300.44	Level 2	\$255.53
Level 1	\$198.29	Level 1	\$168.65

The Retiree Health Benefits Contribution Plan states:

"In the event the total of County contributions made under this program will exceed 1.2% of Total Payroll Costs during any given fiscal year, then the actual contributions assigned to each Eligibility Level shall be adjusted accordingly in equal amounts, so that the total actual or projected cost of this program shall never exceed 1.2% of Total Payroll costs as defined herein during any single fiscal year."

After adjusting the cap, the retiree's total cost of the premium will be:

Level 3	55%
Level 2	67%
Level 1	78%