

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA, CC & MA

Effective January 1, 2015

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$292.54	\$528.58	\$736.71
Employee	\$157.52	\$284.62	\$396.69
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$373.47	\$674.18	\$938.86
Employee	\$201.10	\$363.02	\$505.54
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$222.64	\$441.75	\$625.74
Employee	\$119.88	\$237.87	\$336.94
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$306.17	\$622.86	\$881.82
Employee	\$164.86	\$335.39	\$474.82
<i>NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)</i>			

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PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$219.41	\$396.44	\$552.53
Employee	\$230.66	\$416.77	\$580.86
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$280.10	\$505.64	\$704.14
Employee	\$294.46	\$531.57	\$740.25
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$166.98	\$331.31	\$469.30
Employee	\$175.54	\$348.31	\$493.37
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$136.01	\$269.37	\$381.65
Employee	\$142.98	\$283.18	\$401.22
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$229.62	\$467.15	\$661.36
Employee	\$241.40	\$491.10	\$695.28
<i>NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$188 each)</i>			

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
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Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$146.27	\$264.29	\$368.35
Employee	\$303.79	\$548.91	\$765.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$186.73	\$337.09	\$469.43
Employee	\$387.83	\$700.11	\$974.97
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
Employee	\$231.20	\$458.74	\$649.81
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$90.67	\$179.58	\$254.43
Employee	\$188.31	\$372.97	\$528.44
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$153.08	\$311.43	\$440.91
Employee	\$317.94	\$646.82	\$915.73
<i>NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)</i>			

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

Effective January 1, 2015

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FULL TIME 64+ HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$300.21	\$542.67	\$756.92
Employee	\$149.86	\$270.54	\$376.48
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$384.11	\$693.70	\$966.42
Employee	\$190.46	\$343.51	\$477.98
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$222.64	\$441.75	\$625.74
Employee	\$119.88	\$237.87	\$336.94
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
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Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
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Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$311.12	\$633.50	\$897.42
Employee	\$159.91	\$324.75	\$459.22
NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)			

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

SA

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PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$225.15	\$407.00	\$567.69
Employee	\$224.91	\$406.21	\$565.71
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$288.08	\$520.27	\$724.81
Employee	\$286.49	\$516.93	\$719.58
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$166.98	\$331.31	\$469.30
Employee	\$175.54	\$348.31	\$493.37
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
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Employee	\$142.98	\$283.18	\$401.22
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$233.34	\$475.13	\$673.07
Employee	\$237.69	\$483.13	\$683.58
<i>NOTE: Employees receive \$3,081 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)</i>			

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PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	EE ONLY	EE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$150.10	\$271.33	\$378.46
Employee	\$299.96	\$541.87	\$754.94
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$192.05	\$346.85	\$483.21
Employee	\$382.51	\$690.36	\$961.19
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$111.32	\$220.88	\$312.87
Employee	\$231.20	\$458.74	\$649.81
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VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$155.56	\$316.75	\$448.71
Employee	\$315.47	\$641.50	\$907.93
NOTE: Employees receive \$2,054 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)			

HEALTH PLAN CONTRIBUTION RATES

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CO, EL, SM, UM & UD

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FULL TIME 64+ HOURS (PER PAY PERIOD)			
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HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

Contributions are deducted over 24 pay periods

FULL TIME 64+ HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$360.05	\$650.56	\$906.72
Employee	\$90.01	\$162.64	\$226.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$459.65	\$829.76	\$1,155.52
Employee	\$114.91	\$207.44	\$288.88
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$274.02	\$543.70	\$770.14
Employee	\$68.50	\$135.92	\$192.54
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$223.19	\$442.04	\$626.30
Employee	\$55.80	\$110.51	\$156.57
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$376.82	\$766.60	\$1,085.31
Employee	\$94.21	\$191.65	\$271.33

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

Contributions are deducted over 24 pay periods

PART TIME 40 - 63 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$270.04	\$487.92	\$680.04
Employee	\$180.03	\$325.28	\$453.36
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$344.74	\$622.32	\$866.64
Employee	\$229.83	\$414.88	\$577.76
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$205.51	\$407.77	\$577.61
Employee	\$137.01	\$271.85	\$385.07
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$167.39	\$331.53	\$469.72
Employee	\$111.59	\$221.02	\$313.15
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$282.62	\$574.95	\$813.98
Employee	\$188.41	\$383.30	\$542.66

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

GE, PL, SU, TC, PR & CR

Effective January 1, 2015

Contributions are deducted over 24 pay periods

PART TIME 32 - 39 HOURS (PER PAY PERIOD)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$450.07	\$813.21	\$1,133.40
Employer	\$180.03	\$325.28	\$453.36
Employee	\$270.04	\$487.92	\$680.04
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$537.35	\$968.19	\$1,345.73
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$574.57	\$1,037.21	\$1,444.40
Employer	\$229.83	\$414.88	\$577.76
Employee	\$344.74	\$622.32	\$866.64
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$305.30	\$610.61	\$864.01
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$342.52	\$679.62	\$962.68
Employer	\$137.01	\$271.85	\$385.07
Employee	\$205.51	\$407.77	\$577.61
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$241.77	\$483.54	\$684.20
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$111.59	\$221.02	\$313.15
Employee	\$167.39	\$331.53	\$469.72
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$433.81	\$889.24	\$1,257.97
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86
VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$188.41	\$383.30	\$542.66
Employee	\$282.62	\$574.95	\$813.98

HEALTH PLAN CONTRIBUTION RATES

COBRA

Effective January 1, 2015

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$18.00	\$32.53	\$45.34

Total	\$918.13	\$1,658.94	\$1,178.73
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$22.98	\$41.49	\$57.78

Total	\$1,172.11	\$2,115.90	\$1,502.17
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.60	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$13.70	\$27.18	\$38.51

Total	\$698.74	\$1,386.42	\$1,001.18
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$11.16	\$22.10	\$31.31

Total	\$569.13	\$1,127.20	\$814.18
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	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% COBRA Admin Fee	\$18.84	\$38.33	\$54.27

Total	\$960.89	\$1,954.83	\$1,410.91
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HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2015			
WITH NO RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$900.13	\$1,626.41	\$1,133.40
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$1,149.13	\$2,074.41	\$1,444.40
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.60	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$685.04	\$1,359.24	\$962.68
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$557.97	\$1,105.10	\$782.87
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
Total	\$942.05	\$1,916.50	\$1,356.64

HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES Effective January 1, 2015			
WITH RETIREE COVERAGE			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$1,034.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$18.00	\$32.53	\$45.34
Total	\$918.13	\$1,658.94	\$1,178.73
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$1,345.73
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$22.98	\$41.49	\$57.78
Total	\$1,172.11	\$2,115.90	\$1,502.17
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO	\$610.60	\$1,221.21	\$864.01
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$13.70	\$27.18	\$38.51
Total	\$698.74	\$1,386.42	\$1,001.18
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$684.20
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$11.16	\$22.10	\$31.31
Total	\$569.13	\$1,127.20	\$814.18
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
United Healthcare HMO	\$867.61	\$1,778.47	\$1,257.97
Delta Dental PPO+Premier	\$54.28	\$97.71	\$67.86
VSP Choice	\$5.28	\$10.56	\$8.50
EDC Admin Fee	\$14.88	\$29.76	\$22.32
2% Fee for retiree coverage	\$18.84	\$38.33	\$54.27
Total	\$960.89	\$1,954.83	\$1,410.91

HEALTH PLAN CONTRIBUTION RATES

RETIREEES

Effective January 1, 2015

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$845.85	\$1,528.70	\$2,131.08
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$1,094.85	\$1,976.70	\$2,753.08
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$630.76	\$1,261.53	\$1,789.64
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$503.69	\$1,007.39	\$1,430.03
	RETIREE ONLY	RETIREE+1	FAMILY
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$887.77	\$1,818.79	\$2,577.57

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$263.86	\$175.48
15 THRU 19	LEVEL 2	\$399.79	\$265.88
20 +	LEVEL 3	\$535.72	\$356.28
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$799.58	\$531.76

*The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.

MEDICARE RETIREES			
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Blue Shield PPO \$1300 ABHP	\$739.92	\$1,402.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$760.08	\$1,442.66	\$1,440.97
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Blue Shield PPO \$200	\$689.92	\$1,763.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$710.08	\$1,803.66	\$1,440.97
	<u>1 IN A&B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&B</u>
Kaiser Senior Advantage (KSA)*	\$407.22	\$1,024.02	\$814.44
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$422.10	\$1,053.78	\$859.07
<i>* Kaiser vision is included in the Kaiser Senior Advantage plan</i>			
If you elect coverage...		...then choose	
for yourself and you have Medicare A&B		1 IN A&B	
for yourself and 1 dependent, and one of you is enrolled in Medicare A&B and one is not		1 IN 1 OUT	
for yourself and 1 dependent and both of you are enrolled in Medicare A&B		2 IN A&B	

OPTIONAL DENTAL COVERAGE*			
	<u>RETIREE ONLY</u>	<u>RETIREE+1</u>	<u>FAMILY</u>
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
<i>*if you previously dropped dental coverage, you cannot reenroll</i>			

Special rates apply to retirees enrolled in Kaiser who are over the age of 65 and are not enrolled in both Medicare Parts A & B. These rates are significantly more expensive than the Early Retiree or Kaiser Senior Advantage (KSA) rates. If you believe you may fall into this category, please contact Risk Management for a rate sheet, or visit the Risk Management website at : www.edcgov.us/Government/Risk.



The County of El Dorado

Risk Management Division

"Together Providing Risk Management Solutions"

330 Fair Lane, Placerville, CA 95667
Phone 530.621.5565 Fax 530.642.9815
www.edcgov.us

Bargaining Units and Abbreviations

Below is a list of the current benefit bargaining units and their abbreviations to be used in conjunction with the 2015 health benefit rate cards:

CA	–	Criminal Attorney (EDC Criminal Attorney Association)
CC	–	County Counsel (EDC Deputy County Counsel Association)
CO	–	Confidential
CR	–	Corrections (Operating Engineers, Local 3 or OE3)
EL	–	Elected
GE	–	General (EDC Employees' Association Local 1)
MA	–	Managers Association
PL	–	Professional (EDC Employees' Association Local 1)
PR	–	Probation (Operating Engineers, Local 3 or OE3)
SA	–	Deputy Sheriff Association
SM	–	Sworn Management (EDC Law Enforcement Managers Association)
SU	–	Supervisory (EDC Employees' Association Local 1)
TC	–	Trades and Crafts (Operating Engineers, Local 3 or OE3)
UD	–	Department Head
UM	–	Unrepresented Management



El Dorado County

2015 Benefits

September 25, 2014



FINAL

Benefits
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum¹ Individual / Family
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray
Hospitalization Inpatient
Outpatient Surgery
Emergency Room
Ambulance Services
Durable Medical Equipment
Home Health Services
Hospice Care
Chiropractic
Acupuncture (smoking cessation only)
Prescription Drugs
Rx Out-of-Pocket Maximum² Individual / Family
Mail Order
Rate Guarantee

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Current	
In-Network	Out-of-Network
\$200 / \$400	
\$1,000 / \$2,000	
20%	40%
20%	40%
No Charge	40%
20%	40%
20%	40%
20%	40%
\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)
20%	20%
20%	40%
20%	Not Covered
20%	Not Covered
\$10/visit (30 visits/calendar year)	50%
20%	20%
Express Scripts:	
\$10/\$15/\$30 (34-day)	
\$10/\$15/\$30 (90 day)	Not Covered
1/1/14-12/31/14	

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal	
In-Network	Out-of-Network
\$200 / \$400	
\$1,200 / \$2,400	
20%	40%
20%	40%
No Charge	40%
20%	40%
20%	40%
20%	40%
\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)
20%	20%
20%	40%
20%	Not Covered
20%	Not Covered
\$10/visit (30 visits/calendar year)	50%
20%	20%
Express Scripts:	
\$5,400 / \$10,800	
\$10/\$15/\$30 (34-day)	
\$10/\$15/\$30 (90 day)	Not Covered
1/1/15-12/31/15	

Rates - Actives ³	EE's
Employee Only	163
Two Party	166
Family	163
Monthly Premium	492
Annual Premium	

Current	MHN (MH/SA)	Total
\$1,008.00	\$6.69	\$1,014.69
\$1,816.00	\$13.38	\$1,829.38
\$2,524.00	\$19.45	\$2,543.45
\$877,172	\$6,482	\$883,654
\$10,526,064	\$77,783	\$10,603,847

Renewal	MH/SA No Deductible	EDC Fee	Total
\$1,067.00	\$7.69	\$14.88	\$1,089.57
\$1,922.00	\$14.38	\$29.76	\$1,966.14
\$2,671.00	\$20.45	\$44.63	\$2,736.08
\$928,346	\$6,974	\$14,640	\$949,960
\$11,140,152	\$83,687	\$175,683	\$11,399,522

\$ Change to Current
% Change to Current

\$614,088	\$5,904	-	\$795,675
5.8%	7.6%	-	7.5%

Rates - Early Retirees ³	EE's
Employee Only	31
Two Party	11
Family	1
Monthly Premium	43
Annual Premium	

Current	MHN (MH/SA)	Total
\$1,008.00	\$6.69	\$1,014.69
\$1,816.00	\$13.38	\$1,829.38
\$2,524.00	\$19.45	\$2,543.45
\$53,748	\$374	\$54,122
\$644,976	\$4,488	\$649,464

Renewal	MH/SA No Deductible	EDC Fee	Total
\$1,067.00	\$7.69	\$14.88	\$1,089.57
\$1,922.00	\$14.38	\$29.76	\$1,966.14
\$2,671.00	\$20.45	\$44.63	\$2,736.08
\$56,890	\$417	\$833	\$58,140
\$682,680	\$5,004	\$9,999	\$697,683

\$ Change to Current
% Change to Current

\$37,704	\$516	-	\$48,219
5.8%	11.5%	-	7.4%

1. Annual Out-of-Pocket maximum increased due to mandated plan changes.
2. Rx Out-of-Pocket maximum was added due to mandated plan changes.
3. Rates include mental health.

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. Please contact the Human Resources office for more information on your plans.

Blue Shield PPO (Retirees Over 65) Standard Option
Effective Date: 1/1/2015

FINAL

Benefits
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray
Hospitalization Inpatient
Outpatient Surgery
Emergency Room
Durable Medical Equipment
Home Health Services
Hospice Care
Chiropractic
Acupuncture (smoking cessation only)
Prescription Drugs¹ Retail
Mail Order
Rate Guarantee

Blue Shield (EIAHealth) PPO Standard MH/SA Carved Out with MHN Current	
In-Network	Out-of-Network
\$200 / \$400	
\$1,000 / \$2,000	
20%	40%
20%	40%
No Charge	40%
20%	40%
20%	40%
20%	40%
\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)
20%	40%
20%	Not Covered
20%	Not Covered
\$10/visit (30 visits/calendar year)	50%
20%	20%
Express Scripts: Generic / Brand /Non-Formulary	
\$10/\$15/\$30 (34-day)	
\$10/\$15/\$30 (90 day)	Not Covered
1/1/14-12/31/14	

Blue Shield (EIAHealth) PPO Standard MH/SA Carved Out with MHN Renewal	
In-Network	Out-of-Network
\$200 / \$400	
\$1,000 / \$2,000	
20%	40%
20%	40%
No Charge	40%
20%	40%
20%	40%
20%	40%
20%	40%
\$50/visit + 20% (\$50 waived if admitted)	\$50/visit + 20% (\$50 waived if admitted)
20%	40%
20%	Not Covered
20%	Not Covered
\$10/visit (30 visits/calendar year)	50%
20%	20%
EGWP Generic / Brand /Non-Formulary	
\$5/\$20/\$50 (31-day)	
\$10/\$40/\$100 (90 day)	Not Covered
1/1/15-12/31/15	

Rates	EE's
One in Medicare A & B	63
One in Medicare A & B and one not on Medicare	5
Two in Medicare	30
Retiree+Spouse with Deps (1 Medicare)	0
Retiree+Spouse with Deps (2 Medicare)	0

Current	MHN (MH/SA)	Total
\$712.00	\$6.42	\$718.42
\$1,720.00	\$12.84	\$1,732.84
\$1,326.00	\$12.84	\$1,338.84
\$2,428.00	\$18.69	\$2,446.69
\$2,034.00	\$18.69	\$2,052.69

Monthly Premium
Annual Premium

\$93,236	\$854	\$94,090
\$1,118,832	\$10,246	\$1,129,078

Renewal	MH/SA No Deductible	EDC Fee	Total
\$683.00	\$6.92	\$14.88	\$704.80
\$1,750.00	\$13.34	\$29.76	\$1,793.10
\$1,366.00	\$13.34	\$29.76	\$1,409.10
\$2,499.00	\$19.19	\$44.63	\$2,562.82
\$2,115.00	\$19.19	\$44.63	\$2,178.82

\$92,759	\$903	\$1,979	\$95,641
\$1,113,108	\$10,834	\$23,748	\$1,147,691

\$ Change to Current
% Change to Current

-\$5,724	\$588	-	\$18,612
-0.5%	5.7%	-	1.6%

1. Rx benefits will be changing to the Employer Group Waiver Program (EGWP) and Medicare Part A&B is required.
Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary

FINAL

Benefits
Calendar Year Deductible ¹ Individual / Family
Annual Out-of-Pocket Maximum Individual / Family
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray
Hospitalization
Inpatient
Outpatient Surgery
Emergency Room
Ambulance Services
Durable Medical Equipment
Home Health Services
Hospice Care
Chiropractic
Acupuncture (smoking cessation only)
Prescription Drugs
Rx Out-of-Pocket Maximum Individual / Family
Mail Order
Rate Guarantee

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Current	
In-Network	Out-of-Network
Aggregate Deductible \$1,250 / \$2,500	
\$2,500 / \$5,000	\$5,000/ \$6,000
30% After Deductible	50% After Deductible
30% After Deductible	50% After Deductible
No Charge	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
\$50 + 20% After Deductible (\$50 waived if admitted)	\$50 + 20% After Deductible (\$50 waived if admitted)
20% After Deductible	20% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	Not Covered
20% After Deductible	Not Covered
\$10/visit After Deductible (30 visits/calendar year)	50% After Deductible
30% After Deductible	50% After Deductible
Blue Shield: Generic / Brand /Non-Formulary	
Combined with Medical	
\$10/\$15/\$30 After Deductible (30-day)	
\$10/\$15/\$30 (90-day) After Deductible	Not Covered
1/1/14-12/31/14	

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal	
In-Network	Out-of-Network
Aggregate Deductible \$1,300 / \$2,600	
\$2,500 / \$5,000	\$5,000/ \$6,000
30% After Deductible	50% After Deductible
30% After Deductible	50% After Deductible
No Charge	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
\$50 + 20% After Deductible (\$50 waived if admitted)	\$50 + 20% After Deductible (\$50 waived if admitted)
20% After Deductible	20% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	Not Covered
20% After Deductible	Not Covered
\$10/visit After Deductible (30 visits/calendar year)	50% After Deductible
30% After Deductible	50% After Deductible
Blue Shield: Generic / Brand /Non-Formulary	
Combined with Medical	
\$10/\$15/\$30 After Deductible (30-day)	
\$10/\$15/\$30 (90-day) After Deductible	Not Covered
1/1/15-12/31/15	

Rates - Actives
Employee Only
Two Party
Family
Monthly Premium
Annual Premium

EE's

Current	MHN (MH/SA)	Total
\$776.00	\$6.69	\$782.69
\$1,399.00	\$13.38	\$1,412.38
\$1,944.00	\$19.45	\$1,963.45
\$28,747	\$271	\$29,018
\$344,964	\$3,247	\$348,211

Renewal	MH/SA No Deductible	EDC Fee	Total
\$818.00	\$7.69	\$14.88	\$840.57
\$1,474.00	\$14.38	\$29.76	\$1,518.14
\$2,049.00	\$20.45	\$44.63	\$2,114.08
\$30,298	\$295	\$610	\$31,203
\$363,576	\$3,535	\$7,320	\$374,431

\$ Change to Current
% Change to Current

\$18,612	\$288	-	\$26,220
5.4%	8.9%	-	7.5%

Rates - Early Retirees
Employee Only
Two Party
Family
Monthly Premium
Annual Premium
\$ Change to Current
% Change to Current

EE's

Current	MHN (MH/SA)	Total
\$776.00	\$6.69	\$782.69
\$1,399.00	\$13.38	\$1,412.38
\$1,944.00	\$19.45	\$1,963.45
\$38,360	\$347	\$38,707
\$460,320	\$4,160	\$464,480

Renewal	MH/SA No Deductible	EDC Fee	Total
\$818.00	\$7.69	\$14.88	\$840.57
\$1,474.00	\$14.38	\$29.76	\$1,518.14
\$2,049.00	\$20.45	\$44.63	\$2,114.08
\$40,430	\$387	\$774	\$41,590
\$485,160	\$4,640	\$9,285	\$499,085
\$24,840	\$480	-	\$34,605
5.4%	11.5%	-	7.5%

¹. Deductible increased due to mandated plan changes.

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Blue Shield PPO (Retirees over 65)

Effective Date: 1/1/2015

FINAL

Benefits
Calendar Year Deductible ¹
Individual / Family
Annual Out-of-Pocket Maximum
Individual / Family
Physician Office Visit
Specialist Copay
Preventative Care
Lab and X-Ray
Hospitalization
Inpatient
Outpatient Surgery
Emergency Room
Ambulance Services
Durable Medical Equipment
Home Health Services
Hospice Care
Chiropractic
Acupuncture (smoking cessation only)
Prescription Drugs
Annual Out-of-Pocket Maximum
Individual / Family
Mail Order
Rate Guarantee

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Current	
In-Network	Out-of-Network
Aggregate Deductible \$1,250 / \$2,500	
\$2,500 / \$5,000	\$5,000/ \$6,000
30% After Deductible	50% After Deductible
30% After Deductible	50% After Deductible
No Charge	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
\$50 + 20% After Deductible (\$50 waived if admitted)	\$50 + 20% After Deductible (\$50 waived if admitted)
20% After Deductible	20% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	Not Covered
20% After Deductible	Not Covered
\$10/visit After Deductible (30 visits/calendar year)	50% After Deductible (30 visits/calendar year)
30% After Deductible	50% After Deductible
Blue Shield: Generic / Brand / Non-Formulary	
\$10/\$15/\$30 After Deductible (30-day)	
\$10/\$15/\$30 (90-day) After Deductible	Not Covered
1/1/14-12/31/14	

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal	
In-Network	Out-of-Network
Aggregate Deductible \$1,300 / \$2,600	
\$2,500 / \$5,000	\$5,000/ \$6,000
30% After Deductible	50% After Deductible
30% After Deductible	50% After Deductible
No Charge	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	50% After Deductible
\$50 + 20% After Deductible (\$50 waived if admitted)	\$50 + 20% After Deductible (\$50 waived if admitted)
20% After Deductible	20% After Deductible
20% After Deductible	50% After Deductible
20% After Deductible	Not Covered
20% After Deductible	Not Covered
\$10/visit After Deductible (30 visits/calendar year)	50% After Deductible (30 visits/calendar year)
30% After Deductible	50% After Deductible
Blue Shield: Generic / Brand / Non-Formulary	
\$10/\$15/\$30 After Deductible (30-day)	
\$10/\$15/\$30 (90-day) After Deductible	Not Covered
1/1/15-12/31/15	

Rates
One in Medicare A & B
One in Medicare A & B and one not on
Two in Medicare
Retiree+Spouse with Deps (1 Medicare)
Retiree+Spouse with Deps (2 Medicare)
Medicare A Only (Not Assigned)
Medicare B Only (Not Assigned)

EE's
10
0
3
0
0
0
0
13

Current	MHN (MH/SA)	Total
\$696.00	\$6.42	\$702.42
\$1,472.00	\$12.84	\$1,484.84
\$1,296.00	\$12.84	\$1,308.84
\$2,017.00	\$18.69	\$2,035.69
\$1,841.00	\$18.69	\$1,859.69
\$776.00	\$6.42	\$782.42
\$776.00	\$6.42	\$782.42

\$10,848	\$103	\$10,951
\$130,176	\$1,233	\$131,409

Renewal	MH/SA No Deductible	EDC Fee	Total
\$733.00	\$6.92	\$14.88	\$754.80
\$1,389.00	\$13.34	\$29.76	\$1,432.10
\$1,366.00	\$13.34	\$29.76	\$1,409.10
\$2,022.00	\$19.19	\$44.63	\$2,085.82
\$1,964.00	\$19.19	\$44.63	\$2,027.82
\$821.00	\$6.92	\$14.88	\$842.80
\$821.00	\$6.92	\$14.88	\$842.80

\$11,428	\$109	\$238	\$11,775
\$137,136	\$1,311	\$2,857	\$141,304

\$6,960	\$78	-	\$9,895
5.3%	6.3%	-	7.5%

Monthly Premium
Annual Premium

\$ Change to Current
% Change to Current

1. Deductible increased due to mandated plan changes.

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Kaiser HMO (Actives & Early Retirees)
Effective 1/1/2015

FINAL

FINAL

Benefits
Calendar Year Deductible
Individual / Family
Annual Out-of-Pocket Maximum
Individual / Family
Lifetime Maximum
Hospital
All Inpatient Services
Outpatient Surgery
Physician & Specialist Office Visit
Preventative Care
Vision Exam (Refraction)
Diagnostic X-Ray and Lab
Ambulance Service
Emergency Room (waived if admitted)
Mental Health
Inpatient
Outpatient
Substance Abuse
Inpatient (Detox Only)
Outpatient
Durable Medical Equipment
Hearing Aid
Skilled Nursing Facility Care
Speech/Physical/Occupational Therapy
Hospice
Acupuncture
Chiropractic
Vision Benefit
Eye Exam (Refraction Only)
Eyewear
Prescription Drug
Retail (100-Day Supply)
Mail Order Program (100-Day Supply)
Rate Guarantee

Kaiser HMO Current
None
\$1,500 / \$3,000
Unlimited
No Charge
\$15/procedure
\$15/visit
No Charge
No Charge
No Charge
No Charge
No Charge
\$15/visit
No Charge
Individual: \$15/visit; Group: \$7/visit
No Charge
Individual: \$15/visit; Group: \$5/visit
No Charge
\$2,500 Allowance per aid every 36 Months
No Charge (100 days/benefit period)
\$15/visit
No Charge
Not Covered
\$10/visit (30 visits/calendar year)
No Charge
\$175 Allowance every 24 Months
Generic / Brand / Non-Formulary
\$10 / \$10 / N/A
\$10 / \$10 / N/A
1/1/14-12/31/14

Kaiser HMO Renewal
None
\$1,500 / \$3,000
Unlimited
No Charge
\$15/procedure
\$15/visit
No Charge
No Charge
No Charge
No Charge
No Charge
\$15/visit
No Charge
Individual: \$15/visit; Group: \$7/visit
No Charge
Individual: \$15/visit; Group: \$5/visit
No Charge
\$2,500 Allowance per aid every 36 Months
No Charge (100 days/benefit period)
\$15/visit
No Charge
Not Covered
\$10/visit (30 visits/calendar year)
No Charge
Not Covered
Generic / Brand / Non-Formulary
\$10 / \$10 / N/A
\$10 / \$10 / N/A
1/1/15-12/31/15

Kaiser HMO ABHP
\$1,300 / \$2,600
\$3,000 / \$6,000
Unlimited
\$250/admission after Deductible
\$150/procedure after Deductible
\$20/visit after Deductible
No Charge
\$20/visit after Deductible
\$10/encounter after Deductible
\$100/trip after Deductible
\$100/visit after Deductible
\$250/admission after Deductible
Individual: \$20/visit; Group: \$5/visit after deductible
\$250/admission after Deductible
Individual: \$20/visit; Group: \$5/visit after deductible
20% Coinsurance after Deductible
Not Covered
\$250/admission after Deductible
\$20/visit after Deductible
No Charge
Not Covered
\$10/visit (20 visits/calendar year) after Deductible
\$20/visit after Deductible
Not Covered
Generic / Brand / Non-Formulary
\$10 / \$30 / N/A
\$20 / \$60 / N/A
1/1/15-12/31/15

Rates - Actives
Employee Only
Two Party
Family
Monthly Premium
Annual Premium

EE's
188
145
209
542

Medical + Vision	Chiro	Current Total
\$647.33	\$1.80	\$649.13
\$1,294.65	\$3.60	\$1,298.25
\$1,831.93	\$5.09	\$1,837.02
\$692,296	\$1,924	\$694,220
\$8,307,548	\$23,091	\$8,330,638

Medical Only	Chiro	EDC Fee	Renewal Total
\$608.76	\$1.84	\$14.88	\$625.48
\$1,217.53	\$3.68	\$29.76	\$1,250.97
\$1,722.80	\$5.21	\$44.63	\$1,772.64
\$651,054	\$1,968	\$16,440	\$669,463
\$7,812,647	\$23,621	\$197,284	\$8,033,552

EE's
0
0
0
0

Medical Only	Chiro	EDC Fee	Proposed Total
\$481.75	\$1.78	\$14.88	\$498.41
\$963.51	\$3.56	\$29.76	\$996.83
\$1,363.36	\$5.04	\$44.63	\$1,413.03
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0

\$ Change to Current
% Change to Current

-\$297,087
-3.6%

Rates - Early Retirees
Employee Only
Two Party
Family
Monthly Premium
Annual Premium

EE's
72
26
98

Medical + Vision	Chiro	Current Total
\$647.33	\$1.80	\$649.13
\$1,294.65	\$3.60	\$1,298.25
\$1,831.93	\$5.09	\$1,837.02
\$80,269	\$223	\$80,492
\$963,224	\$2,678	\$965,902

Medical Only	Chiro	EDC Fee	Renewal Total
\$608.76	\$1.84	\$14.88	\$625.48
\$1,217.53	\$3.68	\$29.76	\$1,250.97
\$1,722.80	\$5.21	\$44.63	\$1,772.64
\$75,487	\$228	\$1,845	\$77,560
\$905,838	\$2,738	\$22,141	\$930,717

EE's
0
0
0
0

Medical Only	Chiro	EDC Fee	Proposed Total
\$481.75	\$1.78	\$14.88	\$498.41
\$963.51	\$3.56	\$29.76	\$996.83
\$1,363.36	\$5.04	\$44.63	\$1,413.03
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0

\$ Change to Current
% Change to Current

-\$35,185
-3.6%

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. Please contact the Human Resources office for more information on your plans.

Kaiser HMO (65+)
Effective 1/1/2015

FINAL

Benefits
Calendar Year Deductible
Individual / Family
Annual Out-of-Pocket Maximum
Individual / Family
Lifetime Maximum
Hospital
All Inpatient Services
Outpatient Surgery
Physician & Specialist Office Visit
Preventative Care
Vision Exam (Refraction)
Diagnostic X-Ray and Lab
Ambulance Service
Emergency Room (waived if admitted)
Mental Health
Inpatient
Outpatient
Substance Abuse
Inpatient (Detox Only)
Outpatient
Durable Medical Equipment
Hearing Aid
Skilled Nursing Facility Care
Speech/Physical/Occupational Therapy
Hospice (Members without Medicare Part A)
Acupuncture
Chiropractic
Vision Benefit
Eye Exam (Refraction Only)
Eye wear
Prescription Drug
Retail (100-day supply)
Mail Order Program (100-day supply)
Rate Guarantee

Kaiser HMO Current
None
\$1,500 / \$3,000
Unlimited
No Charge
\$5/procedure
\$5/visit
No Charge
\$5/visit
No Charge
No Charge
\$5/visit
No Charge
Individual: \$5/visit; Group: \$2/visit
No Charge
Individual: \$5/visit; Group: \$2/visit
No Charge
\$2,500 Allowance per aid every 36 Months
No Charge (100 days/benefit period)
\$5/visit
No Charge
Not Covered
\$10/visit (30 visits/calendar year)
\$5/visit
\$175 Allowance every 24 Months
Generic / Brand / Non-Formulary
\$10 / \$10 / N/A
\$10 / \$10 / N/A
1/1/14-12/31/14

Kaiser HMO Renewal
None
\$1,500 / \$3,000
Unlimited
No Charge
\$5/procedure
\$5/visit
No Charge
\$5/visit
No Charge
No Charge
\$5/visit
No Charge
Individual: \$5/visit; Group: \$2/visit
No Charge
Individual: \$5/visit; Group: \$2/visit
No Charge
\$2,500 Allowance per aid every 36 Months
No Charge (100 days/benefit period)
\$5/visit
No Charge
No Charge
\$10/visit (30 visits/calendar year)
\$5/visit
\$175 Allowance every 24 Months
Generic / Brand / Non-Formulary
\$10 / \$10 / N/A
\$10 / \$10 / N/A
1/1/15-12/31/15

Rates
Sub (M)
Sub (M)+Spouse (M)
Sub (M)+Spouse (Non-M)
Sub (Non-M)+Spouse (M)

Medical + Vision	Chiro	Dental	Total Current
\$407.65	\$1.80	\$18.16	\$427.61
\$815.30	\$3.60	\$36.32	\$855.22
\$1,054.97	\$3.60	\$18.16	\$1,076.73
\$1,054.98	\$3.60	\$18.16	\$1,076.74

Medical + Vision	Chiro	EDC Fee	Total Renewal
\$405.38	\$1.84	\$14.88	\$422.10
\$810.76	\$3.68	\$29.76	\$844.20
\$1,014.15	\$3.68	\$29.76	\$1,047.59
\$1,014.14	\$3.68	\$29.76	\$1,047.58

Monthly Premium
Annual Premium

\$50,030
\$600,364

\$1,741	\$49,386
\$20,892	\$592,628

\$ Change to Current
% Change to Current

-\$7,736
-1.29%

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. Please contact the Human Resources office for more information on your plans.

UnitedHealthcare/Pacificare HMO (Actives & Early Retirees)
Effective 1/1/2015

FINAL

Benefits
Annual Out-of-Pocket Maximum
Individual / Family
Lifetime Maximum
Hospital
All Inpatient Services
Outpatient Surgery
Physician & Specialist Office Visit
Preventative Care
Vision Exam (Refraction)
Diagnostic X-Ray and Lab
Ambulance Service
Emergency Room (waived if admitted)
Mental Health
Inpatient
Outpatient
Substance Abuse
Inpatient (Detox Only)
Outpatient
Infertility
Durable Medical Equipment
Hearing Aid
Skilled Nursing Facility Care
Speech/Physical/Occupational Therapy
Hospice
Acupuncture
Chiropractic
Vision Benefit
Prescription Drug
Retail (30-day supply)
Mail Order Program (90-day supply)
Rate Guarantee
Rates - Actives
Employee Only
Two Party
Family
Monthly Premium
Annual Premium
\$ Change to Current
% Change to Current

UnitedHealthcare/Pacificare HMO		
Current		
In Network		
\$2,000 / \$6,000		
Unlimited		
No Charge		
No Charge		
\$15/visit		
No Charge		
\$15/visit		
No Charge		
No Charge		
\$125/visit		
No Charge		
\$15/visit		
No Charge		
No Charge		
50% (Lifetime Maximum)		
No Charge		
No Charge		
No Charge (100 days/calendar year)		
\$15 / visit		
No Charge		
Not Covered		
Refer to additional rider		
Please see VSP Vision Plan		
Generic	Brand	
\$10	\$20	
\$20	\$40	
1/1/2014-12/31/2014		

Medical	Chiro	Total Current
\$836.00	\$4.47	\$840.47
\$1,713.65	\$9.15	\$1,722.80
\$2,424.27	\$12.95	\$2,437.22
\$229,596	\$1,227	\$230,822
\$2,755,146	\$14,718	\$2,769,865

UnitedHealthcare/Pacificare HMO			
Renewal			
In Network			
\$2,000 / \$6,000			
Unlimited			
No Charge			
No Charge			
\$15/visit			
No Charge			
\$15/visit			
No Charge			
No Charge			
\$125/visit			
No Charge			
\$15/visit			
No Charge			
No Charge			
50% (Lifetime Maximum)			
No Charge			
No Charge			
No Charge (100 days/calendar year)			
\$15 / visit			
No Charge			
Not Covered			
Refer to additional rider			
Please see VSP Vision Plan			
Generic		Brand	
\$10		\$20	
\$20		\$40	
1/1/2015-12/31/2015			

Medical	Chiro	EDC Fee	Total Renewal
\$863.15	\$4.46	\$14.88	\$882.49
\$1,769.33	\$9.14	\$29.76	\$1,808.23
\$2,503.00	\$12.94	\$44.63	\$2,560.57
\$237,053	\$1,225	\$4,151	\$242,429
\$2,844,631	\$14,702	\$49,811	\$2,909,145

\$139,281
5.0%

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ACN Chiropractic through UHC
Effective 1/1/2015

Benefits
Eligibility
Coverage
Services
Initial New Patient Exam (one every three years)
Established Patient Exams
Follow-Up Office Visits
Adjunctive physiotherapy modalities and procedures
Maximum annual visits per insured
X-rays, Radiological Consultations, & Clinical Lab Studies
Supports and Appliances

Rate Guarantee

Rates
Employee Only
Two Party
Family
Monthly Premium
Annual Premium
\$ Change to Current
% Change to Current

ACN Chiropractic Current / Renewal	
In-Network	Out-of-Network
UnitedHealthcare Members Only	
Chiropractic Only	
\$10/visit	50% (Max \$30/visit/member)
30 visits	10 visits
No Charge (Max \$300/ member/year)	50% (Max \$100/ member/year)
No Charge	50% (Max \$20/ member/item) (Max \$50/member/year)

1/1/15-12/31/15

	Current	Renewal
EE's 47	\$4.47	\$4.46
29	\$9.15	\$9.14
58	\$12.95	\$12.94
134	\$1,227	\$1,225
	\$14,718	\$14,702
	-0.1%	

Enrollment as of 1/29/2014

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Delta Dental (CSAC-EIA) Actives & Retirees
Effective 1/1/2015

Benefits
Calendar Year Maximum
Per Patient per Calendar Year
Calendar Year Deductible
Individual / Family
Diagnostic & Preventive
Oral Examinations
Routine Cleanings
X-Rays
Fluoride Treatment
Space Maintainers
Sealants
Basic Services
Fillings
Root Canals
Periodontics (Gum Treatment)
Oral Surgery/Extractions
Major Services
Crowns & Cast Restorations
Inlays / Onlays
Prosthodontics
Bridges
Partial / Full Dentures
Implants
Implants w/o Prosthodontics
Orthodontics
Adult & Child Orthodontics
Dental Accident Benefits
Maximum
Coverage

Rate Guarantee¹
Monthly Delta Dental Admin Fee
Program Management Fee PEPM

Recommended Funding Rates (include ASO Fee)
Employee Only
Two Party
Family
Monthly Premium
Annual Premium

Composite Rate

\$ Change to Current
% Change to Current

Delta Dental (CSAC-EIA) PPO Current / Renewal	
In-Network	Out-of-Network
\$1,600	\$1,500
\$50 / \$150	\$50 / \$150
(Waived for Diagnostic & Preventive)	
100%	100%
80%	80%
60%	60%
60%	60%
Not Covered	
None	
None	
100% (Must be treated within 90 Days of Accident)	

18 Months (7/1/13-12/31/14)	12 Month (1/1/15-12/31/15)
Current	Renewal
7.5% of Claims	7.2% of Claims
\$0.85	\$0.85

Current (7/1/13-12/31/14)	Renewal (1/1/15-12/31/15)
\$54.28	\$54.28
\$97.71	\$97.71
\$135.71	\$135.71
\$115,200	\$115,200
\$1,382,394	\$1,382,394

\$97.46	\$97.46
---------	---------

\$0
0.0%

1. Rates are guaranteed for the duration of 7/1/2013 - 6/30/2014, but there was a short plan year for the duration of 7/1/2014 - 12/31/2014.

Rates include program fixed costs

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VSP (All Others)
Effective 1/1/2014

Benefits
Eligibility
Exam
Prescription Glasses
Diabetic EyeCare Plus
Exam
Frames
Lenses
Single Lenses
Bifocal Lenses
Trifocal Lenses
Lenticular Lenses
Contact Lenses
Elective
Medically Necessary
Frequency
Exam
Lenses
Frames
Contact Lenses *

VSP Choice Current / Renewal	
In-Network	Non-Network
All Active Employees on Blue Shield and UnitedHealthcare plans	
Copay	
\$25	
\$20 per visit	
Coverage	Pays Up To
Covered in Full	\$45
\$115 Allowance (20% off over allowed amount)	\$70
Covered in Full	\$30
Covered in Full	\$50
Covered in Full	\$65
Covered in Full	\$100
\$105 Allowance (15% off contact lens services)	\$105
Covered in Full	\$210
12 Months	
24 Months	
24 Months	
24 Months	

VSP Choice Proposed - Kaiser Population	
In-Network	Non-Network
Kaiser population	
Copay	
\$25	
\$20 per visit	
Coverage	Pays Up To
Covered in Full	\$45
\$115 Allowance (20% off over allowed amount)	\$70
Covered in Full	\$30
Covered in Full	\$50
Covered in Full	\$65
Covered in Full	\$100
\$105 Allowance (15% off contact lens services)	\$105
Covered in Full	\$210
12 Months	
24 Months	
24 Months	
24 Months	

Rate Guarantee
Monthly ASO Fee & Claims
Administration Fee (PEPM)

820

36-Months (1/1/14 - 12/31/16)
\$1.20

542

36-Months (1/1/14 - 12/31/16)
\$1.20

Recommended Funding Rates (include ASO Fee)
Employee Only
Two Party
Family
Monthly Premium
Annual Premium

432

250

196

878

12-Month (1/1/15-12/31/15)	
Current	Renewal
\$5.28	\$5.28
\$10.56	\$10.56
\$17.00	\$17.00
\$8,253	\$8,253
\$99,036	\$99,036

188

145

209

542

12-Month (1/1/15-12/31/15)	
Proposed	
\$5.28	
\$10.56	
\$17.00	
\$6,077	
\$72,922	

Effective 1/1/2015, the administration Fee (PEPM) will drop from \$1.24 to \$1.20 because the Kaiser Vision population will be moving into VSP.

* Contact lenses are in lieu of spectacle lenses and frame.

Enrollment as of 1/28/2014

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09/25/14

14-1334 Revised B 27 of 32
BOS Rcvd 9-25-14

VSP (Sheriffs)
Effective 1/1/2014

Benefits		VSP Choice Current / Renewal	
		In-Network	Non-Network
Eligibility		All Active Employees on Blue Shield and UnitedHealthcare/PacifiCare plans	
Exam		Copay	
Prescription Glasses		\$10	
Diabetic EyeCare Plus		\$20 per visit	
Exam		Coverage	Pays Up To
Frames		Covered in Full	\$45
Lenses			
Single Lenses		\$115 Allowance (20% off over allowed amount)	\$70
Bifocal Lenses		Covered in Full	\$30
Trifocal Lenses		Covered in Full	\$50
Lenticular Lenses		Covered in Full	\$65
Contact Lenses		Covered in Full	\$100
Elective		\$50 Copay (15% off contact lens services)	\$105
Medically Necessary		Covered in Full	\$210
Frequency			
Exam		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses *		12 Months	
Rate Guarantee		36-Months (1/1/14 - 12/31/16)	
Monthly ASO Fee & Claims			
Administration Fee (PEPM)	58	\$1.20	
Recommended Funding Rates (include ASO Fee)		Current	Renewal
Employee Only	9	\$5.28	\$5.28
Two Party	8	\$10.56	\$10.56
Family	41	\$17.00	\$17.00
Monthly Premium	58	\$829	\$829
Annual Premium		\$9,948	\$9,948

Effective 1/1/2015, the administration Fee (PEPM) will drop from \$1.24 to \$1.20 because the Kaiser Vision population will be moving into VSP.

* Contact lenses are in lieu of spectacle lenses and frame.

Enrollment as of 1/28/2014

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FINAL

Benefits
Eligibility
Class 1: Units EL and UD
Class 2: Units MA, UM, CC, SM, and CA
Class 3: Unit CO
Class 4: Units CR, GE, PL, SU, PR, and TC
Guaranteed Issue
Benefit Reduction Schedule
AD&D
Loss of Life
One Hand or Foot
One Hand and Foot
Sight of One Eye, Speech, or Hearing in Both Ears
Two or More of Eye, Speech, Hearing
Thumb & Index Finger of Same Hand
Quadriplegia / Paraplegia / Hemiplegia
Additional Benefit Provisions
Waiver of Premium
Accelerated Death Benefit
Seat Belt Provision (AD&D)
Air Bag Provision (AD&D)
Conversion
Portability
Rate Guarantee
MONTHLY BASIC LIFE/AD&D RATES
Estimated Life Insurance Volume
Basic Life Rate per \$1,000
Basic AD&D Rate per \$1,000
Monthly Premium
Annual Premium

Lincoln Financial Current	
Life/AD&D Benefits	
All Active Employees	
\$60,000	
\$40,000	
\$30,000	
\$20,000	
Full Benefit Amount	
Age	% of Original Benefit
70	65%
75	50%
100%	
UnitedHealthcare	
100%	
50%	
100%	
25%	
100% / 75% / 50%	
Included if disabled before Age 65 up to Age 70. Must be totally disabled for 12 months.	
75% of Life benefit subject to max \$60,000 if life expectancy is 6 months or less.	
\$25,000	
\$10,000	
Included	
Included	
3 Years (1/1/2014-12/31/16)	
Current	
\$34,482,000	
\$0.110	
\$0.020	
\$4,483	
\$53,792	

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Lincoln Financial (Supp Life)
1/1/14 - 12/31/16

FINAL

Benefits		Lincoln Financial Current	
Eligibility			
Class 1		All Eligible Full-Time Employees	
Employee Benefit		Not to Exceed 5 x Annual Earnings	
Minimum		\$10,000	
Maximum		\$500,000	
Increments		\$10,000	
Guaranteed Issue Amount		\$150,000	
Spouse Benefit		100% of EE	
Minimum		\$10,000	
Maximum		\$500,000	
Increments		\$10,000	
Guaranteed Issue Amount		\$50,000	
Child Benefit			
Benefit Amount		Birth - Age 19, or Age 25 if FT Student	\$10,000
Guaranteed Issue Amount		\$10,000	
Benefit Reduction Schedule		Age	% of Original Benefit
		70	65%
		75	50%
Additional Benefit Provisions			
Waiver of Premium		Included if disabled before Age 65 up to Age 70. Must be totally disabled for 12 months.	
Accelerated Death Benefit		75% of Life benefit subject to max \$500,000 if life expectancy is 6 months or less.	
Conversion		Included	
Portability		Included	
Minimum Participation		25% of Eligible Employees for plan	
Rate Guarantee		3 Years (1/1/2014-12/31/16)	
MONTHLY RATES		Employee / Spouse (Based on EE Age) Rates	
Life Rate			
Rates per \$1,000	Employee & Spouse Volume		
Under Age 25	\$250,000	\$0.040	
Age 25-29	\$2,470,000	\$0.040	
Age 30-34	\$3,850,000	\$0.060	
Age 35-39	\$5,630,000	\$0.080	
Age 40-44	\$4,755,000	\$0.130	
Age 45-49	\$5,775,000	\$0.210	
Age 50-54	\$4,695,000	\$0.380	
Age 55-59	\$2,865,000	\$0.600	
Age 60-64	\$1,225,000	\$0.630	
Age 65-69	\$300,000	\$1.170	
Age 70-74	\$0	\$2.500	
Age 75 and Over	\$0	\$2.500	
Dependent Child(ren) Rate			
Monthly Premium	\$450,000	\$2.000	
Monthly Premium		\$8,147	
Annual Premium		\$97,763	

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Lincoln Financial (LTD)
1/1/14 - 12/31/16

FINAL

Benefits	Lincoln Financial Current																		
Eligibility																			
Class 1	All Management Employees of the Employer Regularly Working 60 Hours per Bi-Weekly Pay Period (Including Units EL, UD, MA, UM, CC, and CA)																		
Class 2	All Non-Management Employees of the Employer (Including Units CO, CR, GE, PL, SU, PR, TC, and Welfare Fraud Investigators) working 60 hours per Bi-weekly excluding Law Enforcement EEs of the Sheriffs Association, Bargaining Unions Represented by the Deputy																		
Elimination Period	Greater of 180 days or twice the # of accumulated sick leave days. EE must use all but 80 hours of accumulated sick leave																		
Monthly Benefit Percentage	66 2/3%																		
Minimum Monthly Benefit	Greater of \$100 or 10% of Monthly Earnings																		
Maximum Monthly Benefit																			
Class 1	\$4,000																		
Class 2	\$3,000																		
Own Occupation Definition	24 Months																		
Disability Earnings Test	20%																		
Definition of Disability	Occupation and Earnings																		
Maximum Benefit Duration	<table border="1"> <thead> <tr> <th>Age</th><th>Benefits Payable</th></tr> </thead> <tbody> <tr><td>Under 63</td><td>42 Months</td></tr> <tr><td>Age 63</td><td>36 Months</td></tr> <tr><td>Age 64</td><td>30 Months</td></tr> <tr><td>Age 65</td><td>24 Months</td></tr> <tr><td>Age 66</td><td>21 Months</td></tr> <tr><td>Age 67</td><td>18 Months</td></tr> <tr><td>Age 68</td><td>15 Months</td></tr> <tr><td>Age 69 and Older</td><td>12 Months</td></tr> </tbody> </table>	Age	Benefits Payable	Under 63	42 Months	Age 63	36 Months	Age 64	30 Months	Age 65	24 Months	Age 66	21 Months	Age 67	18 Months	Age 68	15 Months	Age 69 and Older	12 Months
Age	Benefits Payable																		
Under 63	42 Months																		
Age 63	36 Months																		
Age 64	30 Months																		
Age 65	24 Months																		
Age 66	21 Months																		
Age 67	18 Months																		
Age 68	15 Months																		
Age 69 and Older	12 Months																		
Recurrent Disabilities	or to SSNRA																		
Mental Health Limitations	6 Months																		
Substance Abuse Limitations	24 Months per occurrence																		
Pre-Existing Condition	24 Months per occurrence																		
Rate Guarantee	3 / 12																		
MONTHLY RATES	3 Years (1/1/2014-12/31/16)																		
Insurance Volume	\$8,760,786																		
Rate per \$100 Covered Payroll	\$0.210																		
Monthly Premium	\$18,398																		
Annual Premium	\$220,772																		

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09/25/14

14-1334 Revised B 31 of 32
 BOS Rcvd 9-25-14

MHN (CSAC-EIA)
Effective 7/1/2012

Benefits
Sessions
Face-to-Face Counseling
Telephonic Consultations
Employee Services
Substance Abuse
Legal Consultations
Financial Counseling
Dependent Care
Education Referrals
Employer Services
Management Consultations
Brown Bag Seminars
Management Training
On-site Orientation
CISD - Critical Incident Stress Debriefing
Utilization Reports
Newsletters and Collateral Materials
Internet Service

Rate Guarantee
Blue Shield, Kaiser & PacifiCare Members
\$PEPM
Monthly Premium
Annual Premium
\$ Change to Current
% Change to Current

MHN (CSAC-EIA) Current
10 Sessions per Incident per Family Member
Toll-Free 24 hours a day, 7 days a week
Face-to-face or unlimited telephonic consultation with Substance Abuse Specialists. Referrals available.
30-minute face-to-face or telephonic consultation per legal issue. 25% discount for additional services. Referrals available.
Unlimited 30 - 60 minute telephonic consultation with financial professionals. 25% discount for additional services. Referrals available.
Unlimited 30 - 60 minute telephonic consultations per issue and referrals for child and elder care.
Education and School Referrals Available
Unlimited
24 hours per year w/ Training.
24 hours per year w/ Seminar.
Included
20 hours per incident
Quarterly Utilization Reports
Included
www.MHN.com

3 Years (7/1/12-7/1/15)
Current
\$8.51
\$14,884
\$178,608
\$0
0.00%

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