### HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

Contributions are deal		<u> </u>		
FULL TIME 64+ HO	•			
	EE ONLY	<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	
	EE ONLY	EE+1	FAMILY	
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	
	EE ONLY	EE+1	FAMILY	
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	
LDC / (dillill / CC	<b>γ</b> 7.44	<b>γ1</b> 4.00	<b>722.32</b>	
Total	\$342.52	\$679.62	\$962.68	
Employer	\$222.64	\$441.75	\$625.74	
<b>Employee</b>	\$119.88	\$237.87	\$336.94	
	EE ONLV	EE . 1	EANAIIV	
Kaiser HMO \$1300 ABHP	<u>EE ONLY</u> \$241.77	<u>EE+1</u> \$483.54	<u>FAMILY</u> \$684.20	
Delta Dental PPO+Premier	\$27.14	\$48.86	\$67.86	
VSP Choice	\$27.14	\$5.28	\$8.50	
EDC Admin Fee	\$2.04 \$7.44	\$14.88	\$22.32	
LDC Admin ree	۶7.4 <del>4</del>	Ş14.00	<b>722.32</b>	
Total	\$278.99	\$552.55	\$782.87	
Employer	\$181.34	\$359.16	\$508.87	
Employee	\$97.64	\$193.39	\$274.00	
	•	·		
United Health as a 1980	EE ONLY	EE+1	FAMILY	
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	\$471.03	\$622.86	\$1,330.04	
Employee Employee	\$164.86	\$335.39	\$474.82	
NOTE: Employees receive \$6,000				
Benefit credits, which can be use				
(24 pay periods at \$250 each)				
(24 pay perious at \$250 each)				

### HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

PART TIME 40 - 63 H	OURS (PI	R PAY PE	
	EE ONLY	<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
	EE ONLY	EE+1	<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
	A4	44 007 04	
Total	\$574.57	\$1,037.21	\$1,444.40
Employer Employee	\$280.10 <b>\$294.46</b>	\$505.64 <b>\$531.57</b>	\$704.14 <b>\$740.25</b>
Limpioyee			
Kaiaan UNAO	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<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
	EE ONLY	<u>EE+1</u>	FAMILY
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 Employee	\$241.40	\$491.10	\$695.28
NOTE: Employees receive \$4,500			
Benefit credits, which can be use			-
(24 pay periods at \$188 each)	is to offset t	pioyee coi	154 (10115.
(24 pay periods at \$188 each)			

### HEALTH PLAN CONTRIBUTION RATES For employees in bargaining units CA, CC & MA

Effective January 1, 2015

PART TIME 32 - 39 HOURS (PER PAY PERIOD)				
	EE ONLY	<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	\$146.27	\$264.29	\$368.35	
Employee	\$303.79	\$548.91	\$765.04	
	EE ONLY	<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	\$ <b>974.97</b>	
	EE ONLY	<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	
EDC Admin ree	37.44	\$14.00	322.32	
Total	\$342.52	\$679.62	\$962.68	
Employer	\$111.32	\$220.88	\$312.87	
Employee	\$231.20	\$458.74	\$649.81	
	EE ONLY	<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 <b>\$188.31</b>	\$179.58	\$254.43 <b>\$528.44</b>	
Employee	\$188.31	\$372.97	\$528.44	
	EE ONLY	<u>EE+1</u>	FAMILY	
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	
NOTE: Employees receive \$3,000		•		
Benefit credits, which can be use			-	
(24 pay periods at \$125 each)				

### For employees in bargaining units

#### SA

Effective January 1, 2015

FULL TIME 64+ HOU	IRS (PER	PAY PER	IOD)
	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	\$27.14	\$5.28	\$8.50
EDC Admin Fee	\$2.04 \$7.44	\$14.88	\$22.32
LDC Admin ree	Ş7.4 <del>4</del>	Ş14.00	<b>JZZ.JZ</b>
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
	*****	7-11-0	,
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
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
2207.6111111100	у/. <del>тт</del>	Ç17.00	722.32
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$311.12		
Employee	\$159.91		\$459.22
NOTE: Employees receive \$4,108			
Benefit credits, which can be used	l to offset e	employee con	tributions.
(24 pay periods at \$171.17 each)	-		
12- pay perious at \$1/1.1/ eucily			

### For employees in bargaining units

#### SA

Effective January 1, 2015

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	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
<b>Employee</b>	\$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	\$303.30	\$48.86	\$67.86
VSP Choice	\$27.14	\$5.28	\$8.50
EDC Admin Fee	\$2.04 \$7.44	\$14.88	\$22.32
LDC AUTIIIT FEE	Ş7. <del>44</del>	Ş14.88	<b>722.32</b>
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
Total	\$278.99	\$552.55	\$782.87
Employer	\$136.01	\$269.37	\$381.65
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		
Employee	\$237.69	•	\$683.58
NOTE: Employees receive \$3,081			
Benefit credits, which can be use		employee cor	tributions.
(24 pay periods at \$128.38 each)			

### For employees in bargaining units

#### SA

Effective January 1, 2015

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)	
	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	
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	
	6270.00	Á552 55	ć=02.0=	
Total	\$278.99	\$552.55	\$782.87	
Employer	\$90.67	\$179.58	\$254.43	
Employee	\$188.31	\$372.97	\$528.44	
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	\$471.03			
Employee Employee	\$155.50 <b>\$315.47</b>		\$907.93	
NOTE: Employees receive \$2,054				
Benefit credits, which can be use				
(24 pay periods at \$85.58 each)	,,	, ,		
(24 pay periods at \$05.50 each)				

## For employees in bargaining units

# CO, EL, SM, UM & UD Effective January 1, 2015

FULL TIME 64+ HOU	IRS (PER	PAY PER	IOD)
	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
Total	\$278.99	\$552.55	\$782.87
Employer	\$181.34	\$359.16	\$508.87
Employee	\$97.64	\$193.39	\$274.00
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	\$311.12	\$633.50	\$897.42
Employee	\$159.91	\$324.75	\$459.22
NOTE: Employees receive \$6,000			
Benefit credits, which can be used	i to offset e	иприоуее cor	itributions.
(24 pay periods at \$250 each)			

### For employees in bargaining units

# CO, EL, SM, UM & UD Effective January 1, 2015

PART TIME 40 - 63 H	OURS (PE	R PAY PE	RIOD)
	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
22071411111111	Ψ,	φ11.00	Ψ <b>22.32</b>
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
LDC Admini ree	Ş7. <del>44</del>	714.00	722.32
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Employee	\$175.54	\$348.31	\$493.37
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VSP Choice	\$2.64	\$5.28	\$8.50
EDC Admin Fee	\$7.44	\$14.88	\$22.32
LDC Admini Fee	Ş7.4 <del>4</del>	Ş14.00	722.32
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Employer	\$136.01	\$269.37	\$381.65
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	\$27.14	\$5.28	\$8.50
EDC Admin Fee	\$2.64 \$7.44	\$3.28 \$14.88	\$22.32
LDC AUIIIII FEE	91.44	914.00	ع2.5Z
Total	\$471.03	\$958.25	\$1,356.64
Employer	\$233.34	\$475.13	\$673.07
Employee	\$237.69	\$483.13	\$683.58
NOTE: Employees receive \$4,500			
Benefit credits, which can be used to offset employee contributions.			
benefit creates, willen can be ase	d to offset e	employee con	itributions.

### For employees in bargaining units

# CO, EL, SM, UM & UD Effective January 1, 2015

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)	
	EE ONLY	EE+1	FAMILY	
Blue Shield PPO \$1300 ABHP	\$412.85	\$744.19	\$1,034.73	
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VSP Choice	\$2.64	\$5.28	\$8.50	
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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	
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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	
	*****	7-1100	7	
Total	\$342.52	\$679.62	\$962.68	
Employer	\$111.32	\$220.88	\$312.87	
Employee	\$231.20	\$458.74	\$649.81	
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	
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	
	*****	7-11-0	7	
Total	\$471.03	\$958.25	\$1,356.64	
Employer	\$155.56			
Employee	\$315.47		\$907.93	
NOTE: Employees receive \$3,000				
Benefit credits, which can be use	d to offset e	employee con	tributions.	
(24 pay periods at \$125 each)				

## 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+ HOU	JK2 (PEK	PAY PERI	נטט	
	EE ONLY	<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	
	EE ONLY	<u>EE+1</u>	FAMILY	
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	
	EE ONLY	<u>EE+1</u>	FAMILY	
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	
25 o riamini r ee	γ	φ11.00	<b>Ψ</b> 22.32	
Total	\$342.52	\$679.62	\$962.68	
Employer	\$274.02	\$543.70	\$770.14	
<b>Employee</b>	\$68.50	\$135.92	\$192.54	
	EE ONLY	<u>EE+1</u>	FAMILY	
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	\$2.04 \$7.44	\$14.88	\$22.32	
LDC Admini rec	у/. <del>44</del>	714.00	722.32	
Total	\$278.99	\$552.55	\$782.87	
Employer	\$223.19	\$442.04	\$626.30	
Employee	\$55.80	\$110.51	\$156.57	
	EE ONI V	EE±1	EANAIIV	
United Healthcare HMO	EE ONLY \$433.81	<u>EE+1</u> \$889.24	<u>FAMILY</u> \$1,257.97	
	\$433.61	\$48.86	\$67.86	
wena Deniai PPO+Premier		7 <del>-1</del> 0.00	707.00	
Delta Dental PPO+Premier VSP Choice			<b>\$</b> Ջ 5∩	
VSP Choice	\$2.64	\$5.28	\$8.50 \$22.32	
			\$8.50 \$22.32	
VSP Choice EDC Admin Fee	\$2.64 \$7.44	\$5.28 \$14.88	\$22.32	
VSP Choice	\$2.64	\$5.28		

# For employees in bargaining units GE, PL, SU, TC, PR & CR

### Effective January 1, 2015

PART TIME 40 - 63 H			
TAIL TIME 40 - 05 H	•		
DI - CI - I I DDO 64300 ADUD	EE ONLY	<u>EE+1</u>	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	\$270.04	\$487.92	\$680.04
Employee	\$180.03	\$325.28	\$453.36
	EE ONLY	<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	\$374.37 \$344.74	\$622.32	\$866.64
Employee Employee	\$344.74 <b>\$229.83</b>	\$414.88	\$577.76
Linployee	•	<b>ў</b> т1т.00	•
	EE ONLY	<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
<b>Employee</b>	\$137.01	\$271.85	\$385.07
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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	¢474.02	¢0E0 2E	¢1 256 64
Total	\$471.03	\$958.25	\$1,356.64
Employer Employee	\$282.62	\$574.95	\$813.98
<b>Employee</b>	\$188.41	\$383.30	\$542.66

## For employees in bargaining units

#### GE, PL, SU, TC, PR & CR Effective January 1, 2015

PART TIME 32 - 39 H	OURS (PE	R PAY PE	RIOD)
	EE ONLY	<u>EE+1</u>	FAMILY
Blue Shield PPO \$1300 ABHP	\$412.85	<del>5744</del> .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	\$ <b>7.44</b>	\$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
	EE ONLY	<u>EE+1</u>	FAMILY
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
	EE ONLY	<u>EE+1</u>	FAMILY
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
	*****	7=	¥
Total	\$342.52	\$679.62	\$962.68
Employer	\$137.01	\$271.85	\$385.07
Employee	\$205.51	\$407.77	\$577.61
	EE ONLY	<u>EE+1</u>	FAMILY
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
LDC Admini rec	۶۲.44	714.00	722.32
Total	\$278.99	\$552.55	\$782.87
Employer	\$111.59	\$221.02	\$313.15
Employee	\$167.39	\$331.53	\$469.72
	EE ONLY	<u>EE+1</u>	FAMILY
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	\$2.04 \$7.44	\$14.88	\$22.32
LDC AUIIIII I CC	44.74	14.00	24.32
		40-00-	44.056.64
Total	\$471 በ3	5958 25	51.356.64
Total Employer	\$471.03 \$188.41	\$958.25 \$383.30	\$1,356.64 \$542.66

HEALTH PLAN CONTRIBUTION RATES				
CC	COBRA			
Effective Ja	nuary 1, 2	015		
	EE ONLY		FAMILY	
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	
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
Blue Shield PPO \$200		\$1,936.38		
Delta Dental PPO+Premier	\$54.28	-	-	
VSP Choice	\$5.28	•	•	
EDC Admin Fee	\$14.88	•	-	
2% COBRA Admin Fee	\$22.98	\$41.49	\$57.78	
Total	\$1,172.11	\$2,115.90	\$1,502.17	
	EE ONLY	·	<u>FAMILY</u>	
Kaiser HMO		\$1,221.21		
Delta Dental PPO+Premier	\$54.28	•	-	
VSP Choice	\$5.28	-	\$8.50	
EDC Admin Fee	\$14.88			
2% COBRA Admin Fee	\$13.70	\$27.18	\$38.51	
Total	\$698.74	\$1,386.42	\$1,001.18	
	EE ONLY	<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	
	EE ONLY	<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	

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

WITH NO RETIREE COVERAGE			
	<b>EE ONLY</b>	<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
	EE ONLY	<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
	EE ONLY	<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
	EE ONLY	<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
	4	4	4
Total	\$557.97	\$1,105.10	\$782.87
	EE ONLY	FF.1	FANAUN
	EE ONLY	<u>EE+1</u>	FAMILY
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
Total	7372.03	71,710.30	71,330.04

# HEALTH PLAN CONTRIBUTION RATES OUTSIDE AGENCIES

Effective January 1, 2015

	chective January 1, 2015			
WITH RETI		RAGE		
	EE ONLY	<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	
	55.01.11			
	EE ONLY	<u>EE+1</u>	FAMILY	
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	
	EE ONLY	<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	
	EE ONLY	EE+1	<b>FAMILY</b>	
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	
	EE ONLY	<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	
<b>Total</b>	\$960.89	\$1,954.83	\$1,410.91	
		•		

## HEALTH PLAN CONTRIBUTION RATES RETIREES

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		
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		
VSP Choice	\$5.28		\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$1,094.85	\$1,976.70	\$2,753.08
	DETIDEE ONLY	DETIDEE . 1	FARALLY
Kaiser HMO	RETIREE ONLY \$610.60		
VSP Choice	\$5.28	' '	\$1,728.01
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		
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	<u>65+</u>
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

<sup>\*</sup>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				
Blue Shield PPO \$1300 ABHP VSP Choice EDC Admin Fee	1 IN A&B \$739.92 \$5.28 \$14.88	1 IN 1 OUT \$1,402.34 \$10.56 \$29.76	\$1,379.34	
<b>Total</b>	\$760.08	\$1,442.66	\$1,440.97	
Blue Shield PPO \$200 VSP Choice EDC Admin Fee	1 IN A&B \$689.92 \$5.28 \$14.88	1 IN 1 OUT \$1,763.34 \$10.56 \$29.76	\$1,379.34	
<b>Total</b>	\$710.08	\$1,803.66	\$1,440.97	
Kaiser Senior Advantage (KSA)* EDC Admin Fee	1 IN A&B \$407.22 \$14.88	1 IN 1 OUT \$1,024.02 \$29.76	2 IN A&B \$814.44 \$44.63	
<b>Total</b>	\$422.10	\$1,053.78	\$859.07	
* Kaiser vision is included in the Kaiser Senior Ad	lvantage plan			
If you elect coveragethen choos				
for yourself and you have Medicare A&B 1 IN A			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 enrolled in Medicare A&B	of you are		2 IN A&B	

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

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 catagory, 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 Maximum <sup>1</sup>
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 <sup>2</sup>
Individual / Family
Mail Order
Rate Guarantee

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN		
Cur In-Network	rent Out-of-Network	
III-Network	Out-or-Network	
\$200 /	/ \$400	
\$1,000	/ \$2,000	
	100/	
20%	40%	
20%	40%	
No Charge	40%	
20% 40%		
20%	40%	
20%	40%	
\$50/visit + 20%	\$50/visit + 20%	
(\$50 waived if admitted)	(\$50 waived if admitted)	
20%	20%	
20%	40%	
20%	Not Covered	
20%	Not Covered	
\$10/visit	50%	
(30 visits/ca		
20%	20%	
Express	Scripts:	
\$10/\$15/\$3		
\$10/\$15/\$30 (90 day) 1/1/14-1	Not Covered	

Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN				
Ren	ewal			
In-Network	Out-of-Network			
\$200	/ \$400			
\$1,200	/ \$2,400			
9997	40%			
20%	40% 40%			
20%	40%			
No Charge 20%	40%			
20% 40%				
20%	40%			
20% 40%				
\$50/visit + 20%	\$50/visit + 20%			
(\$50 waived if admitted) (\$50 waived if admitted)				
20%				
20%	40%			
20%	Not Covered			
20%	Not Covered			
\$10/visit	50%			
(30 visits/ca				
20%	20%			
Express Scripts:				
\$5,400 / \$10,800				
	30 (34-day)			
\$10/\$15/\$30 (90 day)	Not Covered			
1/1/15-12/31/15				

Rates - Actives <sup>3</sup>	
Employee Only	
Two Party	
Family	
Monthly Premium	_
Annual Premium	

EE's	Current	MHN (MH/SA)	Total
163	\$1,008.00	\$6.69	\$1,014.69
166	\$1,816.00	\$13.38	\$1,829.38
163	\$2,524.00	\$19.45	\$2,543.45
492	\$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

\$5,904

7.6%

\$614,088

5.8%

\$ Change to Current	
% Change to Current	

Rates - Early Retirees <sup>3</sup>		Current
Employee Only	31	\$1,008.00
Two Party	11	\$1,816.00
Family	<u>1</u>	\$2,524.00
Monthly Premium	43	\$53,748
Annual Premium		\$644,976
\$ Change to Current		

69
38
45
22
64

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

% Change to Current

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.

\$795,675

7.5%

<sup>1.</sup> Annual Out-of-Pocket maximum increased due to mandated plan changes.

<sup>2.</sup> Rx Out-of-Pocket maximum was added due to mandated plan changes.

<sup>3.</sup> Rates include mental health.

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

Total

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 Drugs <sup>1</sup>
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%			
2076	4078			
20% 40%				
20%	40%			
\$50/visit + 20%	\$50/visit + 20%			
(\$50 waived if admitted)	(\$50 waived if admitted)			
(\$50 waived if admitted)	(\$50 Walved II adifficted)			
20%	40%			
20%	Not Covered			
20%	Not Covered			
\$10/visit	50%			
(30 visits/ca	lendar year)			
20%	20%			
<u> </u>	Express Scripts:			
	/Non-Formulary			
\$10/\$15/\$3	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					
la Na	Renewal In-Network Out-of-Network				
In-Ne	twork	Out-of-l	Network		
	\$200 / \$400				
	\$1,000 / \$2,000				
	)%		)%		
	)%		)%		
	harge		)%		
20	)%	40	)%		
	)%	40%			
20%		40%			
\$50/visit + 20%		\$50/visi	t + 20%		
(\$50 waived if admitted)		(\$50 waived	l if admitted)		
20%		40	)%		
20	20%		overed		
20	)%	Not Covered			
\$10	/visit	50%			
		lendar year)			
20	)%	20%			
	EG	WP			
	Generic / Brand	/Non-Formulary			
	\$5/\$20/\$5	0 (31-day)			
\$10/\$40/\$1	00 (90 day)	Not Covered			
	1/1/15-1	2/31/15			
Renewal MH/SA No EDC Fee Total					

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)	, and the second	0
		98

E's	Current	MHN (MH/SA)	Total
33	\$712.00	\$6.42	\$718.42
5	\$1,720.00	\$12.84	\$1,732.84
30	\$1,326.00	\$12.84	\$1,338.84
0	\$2,428.00	\$18.69	\$2,446.69
0	\$2,034.00	\$18.69	\$2,052.69
98			
	\$93,236	\$854	\$94,090

\$10,246

\$1,129,078

\$92,759	\$903	\$1,979	\$95,641
\$2,115.00	\$19.19	\$44.63	\$2,178.82
\$2,499.00	\$19.19	\$44.63	\$2,562.82
\$1,366.00	\$13.34	\$29.76	\$1,409.10
\$1,750.00	\$13.34	\$29.76	\$1,793.10
\$683.00	\$6.92	\$14.88	\$704.80

Deductible

**EDC Fee** 

Renewal

Monthly Premium	
Annual Premium	

\$1,113,108	\$10,834	\$23,748	\$1,14 <i>7</i> ,691
-\$5,724	\$588	-	\$18,612
-0.5%	5.7%	-	1.6%

## \$ Change to Current % Change to Current

\$1,118,832

<sup>1.</sup> 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		Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Current			Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal				
	_	In-Networ	In-Network Out-of-Network			In-Network Out-of-Network			
Calendar Year Deductible 1	7		Aggregate	Deductible		Aggregate Deductible			
Individual / Family				/ \$2,500		\$1,300 / \$2,600			
Annual Out-of-Pocket Maximum	+								
Individual / Family		\$2,500 / \$5,0	000	\$5	5,000/ \$6,000	\$2,500	/\$5,000	\$5,000	/\$6,000
,									
Physician Office Visit		30% After Ded			After Deductible		r Deductible		Deductible
Specialist Copay		30% After Dedu			After Deductible		r Deductible		Deductible
Preventative Care	_	No Charge			After Deductible		Charge		Deductible
Lab and X-Ray	_	20% After Dedu			After Deductible		r Deductible		Deductible
Hospitalization		20% After Dedu			After Deductible		r Deductible		Deductible
Inpatient		20% After Dedu			After Deductible		Deductible		Deductible
Outpatient Surgery	4	20% After Dedu	uctible	50%	After Deductible	20% After	r Deductible	50% After	Deductible
Emergency Room		\$50 + 20% After D (\$50 waived if ac			% After Deductible aived if admitted)		fter Deductible d if admitted)		fter Deductible d if admitted)
Ambulance Services	7	20% After Dedu	uctible	20%	After Deductible	20% After	r Deductible	20% After	Deductible
Durable Medical Equipment	7	20% After Dedu	uctible	50%	After Deductible	20% After	r Deductible	50% After	Deductible
Home Health Services	1	20% After Dedu	uctible	١	Not Covered	20% After	r Deductible	Not C	overed
Hospice Care	7	20% After Dedu	uctible	1	lot Covered	20% After	r Deductible	Not C	overed
'	+	\$10/visit After De	ductible	50%	After Deductible	\$10/visit Af	ter Deductible	50% After	Deductible
Chiropractic		• 22 2 2 2	(30 visits/ca	lendar year	)	•	(30 visits/ca	lendar year)	
Acupuncture (smoking cessation only)	1	30% After Dedu	uctible	50%	After Deductible	30% After	r Deductible	50% After	Deductible
Prescription Drugs		Blue Shield: Generic / Brand /Non-Formulary		Blue Shield: Generic / Brand /Non-Formulary					
Rx Out-of-Pocket Maximum		Combined with Medical		Combined with Medical					
Individual / Family		\$10/\$1	5/\$30 After	Deductible	(30-day)		\$10/\$15/\$30 After	Deductible (30-day)	
Mail Order		\$10/\$15/\$30 (90-day) After Not Covered Deductible		\$10/\$15/\$30 (90-0	day) After Deductible	Not C	overed		
Rate Guarantee		1/1/14-12/31/14			1/1/15-1	12/31/15			
Rates - Actives	EE's	Current	MHN (I	MH/SA)	Total	Renewal	MH/SA No Deductible	EDC Fee	Total
Employee Only	13	\$776.00	\$6	69	\$782.69	\$818.00	\$7.69	\$14.88	\$840.57
Two Party	5	\$1,399.00	\$13	.38	\$1,412.38	\$1,474.00	\$14.38	\$29.76	\$1,518.14
Family	<u>6</u>	\$1,944.00	\$19	.45	\$1,963.45	\$2,049.00	\$20.45	\$44.63	\$2,114.08
Monthly Premium	24	\$28,747	\$2	71	\$29,018	\$30,298	\$295	\$610	\$31,203
Annual Premium		\$344,964	\$3,	247	\$348,211	\$363,576	\$3,535	\$7,320	\$374,431
\$ Change to Current	_					\$18,612	\$288	-	\$26,220
% Change to Current						5.4%	8.9%		7.5%
% Change to Current	_					3.4 /6		-	7.578
Rates - Early Retirees	EE's	Current	MHN (I	MH/SA)	Total	Renewal	MH/SA No Deductible	EDC Fee	Total
Employee Only	30	\$776.00	\$6.		\$782.69	\$818.00	\$7.69	\$14.88	\$840.57
Two Party	8	\$1,399.00	\$13		\$1,412.38	\$1,474.00	\$14.38	\$29.76	\$1,518.14
Family Monthly Brownium	2	\$1,944.00	\$19		\$1,963.45	\$2,049.00	\$20.45	\$44.63	\$2,114.08
Monthly Premium Annual Premium	40	\$38,360 \$460,320		47 160	\$38,707 \$464,480	\$40,430 \$485,160	\$387 \$4,640	\$774 \$9,285	\$41,590 \$499,085
	#	\$40U,32U	<b>\$4</b> ,	100	\$40 <del>4</del> ,400				
\$ Change to Current						\$24,840	\$480	-	\$34,605
Change to Current     Deductible increased due to mandated plan changes						5.4%	11.5%	-	7.5%

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

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	50% After Deductible				
(30 visits/ca	lendar year)				
30% After Deductible	50% After Deductible				
	Shield: / Non-Formulary				
\$10/\$15/\$30 After	Deductible (30-day)				
\$10/\$15/\$30 (90-day) After Deductible	Not Covered				
1/1/14-1	12/31/14				

Blue Shield (EIAHealth) PPO

			FINAL		
Blue Shield (EIAHealth) PPO MH/SA Carved Out with MHN Renewal					
In-Ne	twork	Out-of-l	Network		
	Aggregate	Deductible			
	\$1,300	/ \$2,600			
\$2,500	/ \$5,000	\$5,000	\$6,000		
30% After	Deductible	50% After	Deductible		
	Deductible	50% After	Deductible		
	harge	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		
*	ter Deductible I 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 Afte	\$10/visit After Deductible		Deductible		
(30 visits/calendar year)					
30% After	Deductible	50% After Deductible			
	Blue S Generic / Brand				
		·			
\$10/\$15/\$30 After Deductible (30-day)					
\$10/\$15/\$30 (90-da	ay) After Deductible	Not Covered			
	1/1/15-1	2/31/15			
Renewal	MH/SA No	FDC Fee	Total		

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)	
Monthly Premium	
Annual Premium	l

<u>E's</u> 10	Current	MHN (MH/SA)	Total
10	\$696.00	\$6.42	\$702.42
0	\$1,472.00	\$12.84	\$1,484.84
3	\$1,296.00	\$12.84	\$1,308.84
0	\$2,017.00	\$18.69	\$2,035.69
0	\$1,841.00	\$18.69	\$1,859.69
0	\$776.00	\$6.42	\$782.42
0	\$776.00	\$6.42	\$782.42
13			
	\$10,848 \$120,176	\$103 \$1.222	\$10,951 \$131,400

	Doddollaic		
\$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

Deductible

\$78

6.3%

Renewal

\$6,960

5.3%

**EDC Fee** 

\$ Change to Current % Change to Current	
15 Change to Current	
+	
0/ Change to Current	

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.

Total

\$9,895

7.5%

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

			Lilectiv	76 1/1/2013									
								FINAL					FINAL
Benefits			Kaiser HMO				er HMO					er HMO	
			Current			Rer	iewal				A	ВНР	
Calendar Year Deductible									1				
Individual / Family			None			N	one				\$1,300	0/\$2.600	
Annual Out-of-Pocket Maximum									1 1		7.,	7-,	
Individual / Family			\$1,500 / \$3,000			\$1.500	/\$3.000				\$3.000	0/\$6.000	
Lifetime Maximum			Unlimited				mited		1 1			limited	
									1 1				
Hospital									1 i				
All Inpatient Services			No Charge				harge		] [			n after Deductible	
Outpatient Surgery			\$15/procedure			\$15/pr	ocedure				\$150/procedur	e after Deductible	
Physician & Specialist Office Visit			\$15/visit			641	5/visit		-		#00/ :-: -4	ter Deductible	
Preventative Care			No Charge			No C	harge		-			Charge	
Vision Exam (Refraction)	_		No Charge				harge		1 1			ter Deductible	
Diagnostic X-Ray and Lab			No Charge				Charge		1 1			r after Deductible	
Ambulance Service	_		No Charge				harge		1 1			fter Deductible	
Emergency Room (waived if admitted)	_		\$15/visit				5/visit		1 1			fter Deductible	
Emergency (Voorii (waived ii admitted)			ψ10/VISIL			ų i c	J/ VISIL		1 1		ψ100/¥ISIt α	iter Deddelible	
Mental Health									1				
Inpatient			No Charge			No C	harge				\$250/admissio	n after Deductible	
Outpatient		Individ	ual: \$15/visit; Group	: \$7/visit			isit; Group: \$7/visit		] [	Ind		up: \$5/visit after dedu	ıctible
Substance Abuse									] [				
Inpatient (Detox Only)			No Charge				harge					n after Deductible	
Outpatient		Individ	ual: \$15/visit; Group	: \$5/visit		Individual: \$15/vi	sit; Group: \$5/visit			Ind	ividual: \$20/visit; Gro	up: \$5/visit after dedu	ıctible
D 11 M 5 15 1			N. O.				v		-		000/ 0 :	6 5 1 21	
Durable Medical Equipment		00 F00 AU	No Charge	00.14			Charge		-			ce after Deductible	
Hearing Aid Skilled Nursing Facility Care			owance per aid ever			\$2,500 Allowance pe		S	-			Covered	
Speech/Physical/Occupational Therapy		No Charge (100 days/benefit period)		No Charge (100 days/benefit period) \$15/visit			-	\$250/admission after Deductible \$20/visit after Deductible					
Hospice		\$15/visit		\$15/VISIT No Charge			-	\$20/visit after Deductible  No Charge					
Acupuncture		No Charge Not Covered		No Charge Not Covered			-	No Charge Not Covered					
Chiropractic		\$10/visit (30 visits/calendar year)			\$10/visit (30 visits/calendar year)			-	\$10/visit (20 visits/calendar year) after Deductible				
Vision Benefit		\$10/0	ISIL (30 VISILS/Calellu	ai yeai)		\$10/VISIL (30 VISI	is/calelidal year)		1 1	ا ټ	U/VISIL (20 VISILS/Cale)	idai yeai) ailei Dedul	clible
Eye Exam (Refraction Only)			No Charge			No C	harge		1 1		\$20/visit af	ter Deductible	
Evewear		\$175.4	Allowance every 24	Months			overed		1 1			Covered	
Prescription Drug			ic / Brand / Non-Fo				/ Non-Formulary		1 1			d / Non-Formulary	
Retail (100-Day Supply)		-	\$10 / \$10 / N/A				10 / N/A		1 1			\$30 / N/A	
Mail Order Program (100-Day Supply)			\$10 / \$10 / N/A				10 / N/A		1 1			\$60 / N/A	
Rate Guarantee			1/1/14-12/31/14			1/1/15-	12/31/15		1 1		1/1/15	-12/31/15	
					-				- 1				
Rates - Actives	EE's	Medical + Vision	Chiro	Current Total	Medical Only	Chiro	EDC Fee	Renewal Total	EE's	Medical Only	Chiro	EDC Fee	Proposed Total
Employee Only	188	\$647.33	\$1.80	\$649.13	\$608.76	\$1.84	\$14.88	\$625,48	0	\$481.75	\$1.78	\$14.88	\$498.41
Two Party	145	\$1,294.65	\$3.60	\$1,298.25	\$1,217.53	\$3.68	\$29.76	\$1,250.97	0	\$963.51	\$3.56	\$29.76	\$996.83
Family	209	\$1,831.93	\$5.09	\$1,837.02	\$1,722.80	\$5.21	\$44.63	\$1,772.64		\$1,363.36	\$5.04	\$44.63	\$1,413.03
Monthly Premium	542	\$692.296	\$1.924	\$694.220	\$651.054	\$1.968	\$16,440	\$669,463	<u>0</u> 0	\$0	\$0	\$0	\$0
Annual Premium		\$8,307,548	\$23,091	\$8,330,638	\$7,812,647	\$23,621	\$197,284	\$8,033,552	-	\$0	\$0	\$0	\$0
\$ Change to Current								-\$297,087					
% Change to Current								-3.6%	_				
Rates - Early Retirees	EE's	Medical + Vision	Chiro	Current Total	Medical Only	Chiro	EDC Fee	Renewal Total	EE's	Medical Only	Chiro	EDC Fee	Proposed Total
Employee Only	72	\$647.33	\$1.80	\$649.13	\$608.76	\$1.84	\$14.88	\$625.48	0	\$481.75	\$1.78	\$14.88	\$498.41
Two Party	26	\$1,294.65	\$3.60	\$1,298.25	\$1,217.53	\$3.68	\$14.88	\$1,250.97	0	\$481.75 \$963.51	\$3.56	\$29.76	\$996.83
Family	<u>0</u>	\$1,831.93	\$5.09	\$1,837.02	\$1,722.80	\$5.21	\$44.63	\$1,772.64	0	\$1,363.36	\$5.04	\$44.63	\$1,413.03
Monthly Premium	98	\$80,269	\$223	\$1,837.02	\$75,487	\$228	\$1,845	\$77,560	0	\$1,363.36	\$5.04	\$44.63	\$1,413.03
Annual Premium	30	\$963,224	\$2,678	\$965,902	\$905,838	\$2,738	\$22,141	\$930,717	"	\$0 \$0	\$0	\$0	\$0
		<b>4000,22</b>	<b>V2</b> , <b>0.0</b>	<b>4000,002</b>	<b>4000,000</b>	¥ <b>2</b> ,.00	<b>V</b> ,····	<b>4000</b> ,	<b>⊣</b> 1	Y	70	¥*	**
\$ Change to Current								-\$35,185					
% Change to Current								-3.6%					
									_				

		Effe	ective 1	/1/2015					
									FINAL
Benefits				r HMO				ser HMO	
			Gur	rrent			Κŧ	enewal	
Calendar Year Deductible									
Individual / Family			No	one		None			
Annual Out-of-Pocket Maximum									
Individual / Family			\$1,500	/ \$3,000		\$1,500 / \$3,000			
Lifetime Maximum			Unli	mited			Ur	nlimited	
Hospital									
All Inpatient Services			No C	harge			No	Charge	
Outpatient Surgery				cedure				rocedure	
District Office Visit			0.5					F ( 1.1)	
Physician & Specialist Office Visit				visit harge				55/visit Charge	
Preventative Care Vision Exam (Refraction)	<del></del>			visit				5/visit	
Diagnostic X-Ray and Lab				harge				Charge	
Ambulance Service	+			harge				Charge	
Emergency Room (waived if admitted)				visit				55/visit	
Mental Health							NI-	Channa	
Inpatient Outpatient		le divis		harge sit: Group: \$	26 digit	No Charge Individual: \$5/visit; Group: \$2/visit			hicit
Substance Abuse	<del></del>	Individ	Juai. \$5/VIS	ы, Стоир. ф	Z/VISIL	iliuividuai. \$5/visit, Group. \$2/visit			/ ۷1511
Inpatient (Detox Only)			No C	harge		No Charge			
Outpatient		Individ		sit; Group: \$	2/visit	Individual: \$5/visit; Group: \$2/visit			
Calpation		indiv.	3001. <b>Q</b> 0/110	n, Group. v	2/1/0/1				
Durable Medical Equipment			No C	harge			No	Charge	
Hearing Aid		\$2,500 All	owance pe	r aid every	36 Months	\$2,500 Allowance per aid every 36 Months			6 Months
Skilled Nursing Facility Care				lays/benefit		No Charge (100 days/benefit period)			
Speech/Physical/Occupational Therapy			\$5/	visit/		\$5/visit			
Hospice (Members without Medicare Part A)			No C	harge		No Charge			
Acupuncture			Not C	overed		No Charge			
Chiropractic		\$10/v	risit (30 visi	its/calendar	year)	\$10/visit (30 visits/calendar year)			
Vision Benefit									
Eye Exam (Refraction Only)				/visit				55/visit	
Eyewear				every 24 Mo				e every 24 Mo	
Prescription Drug		Gener		/ Non-Forn	nulary	Gen		nd / Non-Form	ulary
Retail (100-day supply) Mail Order Program (100-day supply)				10 / N/A 10 / N/A				\$10 / N/A \$10 / N/A	
Rate Guarantee				12/31/14				5-12/31/15	
rate outrantee			., .,	, ,			., ., .,		
Rates		Medical + Vision	Chiro	Dental	Total Current	Medical + Vision	Chiro	EDC Fee	Total Renewal
Sub (M)	77	\$407.65	\$1.80	\$18.16	\$427.61	\$405.38	\$1.84	\$14.88	\$422.10
Sub (M)+Spouse (M)	20	\$815.30	\$3.60	\$36.32	\$855.22	\$810.76	\$3.68	\$29.76	\$844.20
Sub (M)+Spouse (Non-M)	0	\$1,054.97	\$3.60	\$18.16	\$1,076.73	\$1,014.15	\$3.68	\$29.76	\$1,047.59
Sub (Non-M)+Spouse (M)	0	\$1,054.98	\$3.60	\$18.16	\$1,076.74	\$1,014.14	\$3.68	\$29.76	\$1,047.58
Monthly Premium	97				\$50,030			\$1,741	\$49,386
Annual Premium					\$600,364			\$20,892	\$592,628
\$ Change to Current									-\$7,736
% Change to Current									-1.29%

			_	ffective 1/1/2015				FINAL	
Benefits		United	lHealthcare/Pacifica	are HMO		UnitedHealthcar	e/Pacificare HMO		
Deficites			Current			Rer	newal		
			In Network			In N	etwork		
Annual Out-of-Pocket Maximum									
Individual / Family			\$2,000 / \$6,000				/ \$6,000		
Lifetime Maximum			Unlimited			Unli	mited		
Hospital									
All Inpatient Services			No Charge			No C	Charge		
Outpatient Surgery			No Charge			No C	Charge		
Physician & Specialist Office Visit			\$15/visit			\$15	5/visit		
Preventative Care			No Charge			No C	Charge		
Vision Exam (Refraction)			\$15/visit			\$15	5/visit		
Diagnostic X-Ray and Lab			No Charge			No C	Charge		
Ambulance Service			No Charge			No C	Charge		
Emergency Room (waived if admitted)			\$125/visit			\$125	5/visit		
Mental Health									
Inpatient			No Charge			No C	harge		
Outpatient		\$15/visit			\$15/visit				
Substance Abuse									
Inpatient (Detox Only)		No Charge			No Charge				
Outpatient		No Charge				No Charge			
Infertility		5	0% (Lifetime Maxim	um)	50% (Lifetime Maximum)				
Durable Medical Equipment			No Charge		No Charge				
Hearing Aid			No Charge		No Charge				
Skilled Nursing Facility Care		No Ch	arge (100 days/calen	dar year)		No Charge (100 o	days/calendar year)		
Speech/Physical/Occupational Therapy			\$15 / visit				/ visit		
Hospice			No Charge				Charge		
Acupuncture			Not Covered				covered		
Chiropractic			Refer to additional ric	der		Refer to ac	Iditional rider		
Vision Benefit		Ple	ease see VSP Vision	Plan		Please see V	SP Vision Plan		
Prescription Drug		Generic		Brand	Ge	neric	В	rand	
Retail (30-day supply)		\$10		\$20		10		20	
Mail Order Program (90-day supply)		\$20		\$40	\$	20		40	
Rate Guarantee			1/1/2014-12/31/201	4		1/1/2015-	12/31/2015		
Rates - Actives	EE's	Medical	Chiro	Total Current	Medical	Chiro	EDC Fee	Total Renewal	
Employee Only	47	\$836.00	\$4.47	\$840.47	\$863.15	\$4.46	\$14.88	\$882.49	
Two Party	29	\$1,713.65	\$9.15	\$1,722.80	\$1,769.33	\$9.14	\$29.76	\$1,808.23	
Family	<u>58</u>	\$2,424.27	\$12.95	\$2,437.22	\$2,503.00	\$12.94	\$44.63	\$2,560.57	
Monthly Premium	134	\$229,596	\$1,227	\$230,822	\$237,053	\$1,225	\$4,151	\$242,429	
Annual Premium		\$2,755,146	\$14,718	\$2,769,865	\$2,844,631	\$14,702	\$49,811	\$2,909,145	
¢ Change to Course								£420.20¢	
\$ Change to Current % Change to Current								\$139,281 5.0%	
76 Change to Current								5.0%	

UnitedHealthcare/Pacificare HMO (Actives & Early Retirees)

#### **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

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

#### **Rate Guarantee**

EE's	Current	Renewal
47	\$4.47	\$4.46
29	\$9.15	\$9.14
<u>58</u>	\$12.95	\$12.94
134	\$1,227	\$1,225
	\$14,718	\$14,702
		-\$16

-0.1%

1/1/15-12/31/15

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

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

			SAC-EIA) PPO Renewal
		In-Network	Out-of-Network
Calendar Year Maximum			
Per Patient per Calendar Year		\$1,600	\$1,500
Calendar Year Deductible		* /*	¥ · 10 · 5
Individual / Family		\$50 / \$150	\$50 / \$150
Diagnostic & Preventive		(Waived for Diagn	ostic & Preventive)
Oral Examinations	_		
Routine Cleanings			
X-Rays			
A-Rays Fluoride Treatment		100%	100%
Space Maintainers			
Sealants Sealants			
Basic Services Fillings			
Root Canals		80%	80%
Periodontics (Gum Treatment)			
Oral Surgery/Extractions			
Major Services			
Crowns & Cast Restorations		60%	60%
Inlays / Onlays			
Prosthodontics			
Bridges			
Partial / Full Dentures		60%	60%
Implants			
Implants w/o Prosthondontics	<u> </u>	Not C	overed
Orthodontics			
Adult & Child Orthodontics		No	one
Dental Accident Benefits			
Maximum		No	one
Coverage		100% (Must be treated w	ithin 90 Days of Accident)
			· · · · · · · · · · · · · · · · · · ·
Rate Guarantee <sup>1</sup>		18 Months (7/1/13-12/31/14)	12 Month (1/1/15-12/31/15)
		Current	Renewal
		Ourion	Konewai
Monthly Delta Dental Admin Fee		7.5% of Claims	7.2% of Claims
Program Management Fee PEPM	—	\$0.85	\$0.85
Program Management Fee PEPM		\$0.85	\$0.85
			·
Recommended Funding Rates		\$0.85 Current (7/1/13-12/31/14)	\$0.85 Renewal (1/1/15-12/31/15)
Recommended Funding Rates (include ASO Fee)	397	Current (7/1/13-12/31/14)	Renewal (1/1/15-12/31/15)
Recommended Funding Rates (include ASO Fee) Employee Only	397	Current (7/1/13-12/31/14) \$54.28	Renewal (1/1/15-12/31/15) \$54.28
Recommended Funding Rates (include ASO Fee) Employee Only Two Party	339	Current (7/1/13-12/31/14) \$54.28 \$97.71	Renewal (1/1/15-12/31/15) \$54.28 \$97.71
Two Party Family	339 <u>446</u>	Current (7/1/13-12/31/14) \$54.28 \$97.71 \$135.71	Renewal (1/1/15-12/31/15) \$54.28 \$97.71 \$135.71
Recommended Funding Rates (include ASO Fee) Employee Only Two Party Family Monthly Premium	339	Current (7/1/13-12/31/14) \$54.28 \$97.71 \$135.71 \$115,200	Renewal (1/1/15-12/31/15) \$54.28 \$97.71 \$135.71 \$115,200
Recommended Funding Rates (include ASO Fee) Employee Only Two Party Family Monthly Premium	339 <u>446</u>	Current (7/1/13-12/31/14) \$54.28 \$97.71 \$135.71	Renewal (1/1/15-12/31/15) \$54.28 \$97.71 \$135.71
Recommended Funding Rates (Include ASO Fee) Employee Only Two Party Family Monthly Premium Annual Premium	339 <u>446</u>	Current (7/1/13-12/31/14) \$54.28 \$97.71 \$135.71 \$115,200 \$1,382,394	Renewal (1/1/15-12/31/15) \$54.28 \$97.71 \$135.71 \$115,200 \$1,382,394
Recommended Funding Rates (include ASO Fee) Employee Only Two Party Family Monthly Premium	339 <u>446</u>	Current (7/1/13-12/31/14) \$54.28 \$97.71 \$135.71 \$115,200	Renewal (1/1/15-12/31/15) \$54.28 \$97.71 \$135.71 \$115,200

<sup>1.</sup> 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

% Change to Current

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.

0.0%

#### 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 Un	itedHealthcare plans					
Сорау						
\$	25					
\$20 p	er 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 N	onths 1					
24 N	onths 1					
24 N	onths (					
24 N	onths 1					
12 N 24 N 24 N	flonths flonths flonths					

	Choice iser Population
In-Network	Non-Network
Kaiser p	opulation
Co	pay
\$	25
\$20 p	er 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
	lonths
24 M	lonths
24 M	lonths
24 M	lonths

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

	36-Months (1/1/14 - 12/31/16)	
820	\$1.20	542

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

Employee Only 4 Two Party 2 Family 1 Monthly Premium 8	Recommended Fur (include ASO Fee)
Two Party 2 Family 1	
Family 1	
_	Two Party
Monthly Premium 8	Family
monthly i rollinam	Monthly Premium
Annual Premium	Annual Premium

12-Month (1/1/15-12/31/15)		
Current	Renewal	
\$5.28	\$5.28	188
\$10.56	\$10.56	145
\$17.00	\$17.00	209
\$8,253	\$8,253	542
\$99,036	\$99,036	
	\$5.28 \$10.56 \$17.00 \$8,253	Current         Renewal           \$5.28         \$5.28           \$10.56         \$10.56           \$17.00         \$17.00           \$8,253         \$8,253

	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.

#### Enrollment as of 1/28/2014

<sup>\*</sup> Contact lenses are in lieu of spectacle lenses and frame.

#### VSP (Sheriffs) 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		
	mployees on ealthcare/PacifiCare plans	
	pay	
	10	
\$20 p	er 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	
\$50 Copay (15% off contact lens services)	\$105	
Covered in Full	\$210	
•		
12 Months		
12 Months		
24 Months		
12 Months		

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

	36-Months (1/1/14 - 12/31/16)		
58	\$1.20		

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

	Current	Renewal	
9	\$5.28	\$5.28	
8	\$10.56	\$10.56	
<u>41</u> 58	\$17.00	\$17.00	
58	\$829	\$829	
	\$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.

#### Enrollment as of 1/28/2014

<sup>\*</sup> Contact lenses are in lieu of spectacle lenses and frame.

#### Lincoln Financial 1/1/14 - 12/31/16

#### **FINAL**

	FINAL		
Benefits	Lincoln Financial		
Flimibilia		Current	
Eligibility		Life/AD&D Benefits	
Class 1: Units EL and UD		All Active Employees \$60,000	
Class 2: Units MA, UM, CC, SM, and CA	\$40,0	000	
Class 3: Unit CO	\$30,0	000	
Class 4: Units CR, GE, PL, SU, PR, and TC	\$20,0	000	
Guaranteed Issue	Full Benefit Amount		
	Age	% of Original Benefit	
Benefit Reduction Schedule	70	65%	
	75	50%	
AD&D			
Loss of Life	1009	%	
One Hand or Foot	UnitedHea	UnitedHealthcare	
One Hand and Foot	1009	100%	
Sight of One Eye, Speech, or Hearing in Both Ears	50%		
Two or More of Eye, Speech, Hearing	100%		
Thumb & Index Finger of Same Hand	25%		
Quadriplegia / Paraplegia / Hemiplegia	100% / 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	<b>75%</b> of Life benefit subject to max \$60,000 if life expectancy is 6 months or less.		
Seat Belt Provision (AD&D)	\$25,000		
Air Bag Provision (AD&D)	\$10,000		
Conversion	Included		
Portability	Included		
Rate Guarantee	3 Years (1/1/2014-12/31/16)		
MONTHLY BASIC LIFE/AD&D RATES	Current		
Estimated Life Insurance Volume	\$34,482,000		
Basic Life Rate per \$1,000	\$0.110		
Basic AD&D Rate per \$1,000	\$0.020		
Monthly Premium	\$4,48		
Annual Premium	\$53,792		

Lincoln Financial (Supp Life)			
1/1/14 - 12/31/16 FINAL			
	Lincoln Financial		
gibility			
	All Eligible Eull T	ima Employada	
		<u> </u>	
		\$500,000	
	\$10,0	000	
	\$150	,000	
	100%		
	\$10,	000	
	\$500	,000	
	\$10,	000	
	\$50,	000	
	Birth - Age 19, or Age 25 if FT Student	\$10,000	
	\$10,	000	
	Age	% of Original Benefit	
	70	65% 50%	
	10 30%		
	Included if disabled before Age 65 up to Age 70. Must be totally disabled for 12 months.		
	75% of Life benefit subject to max \$500,000 if life expectancy is 6 months or less.		
	Included		
	Inclu	ded	
	25% of Eligible Er	25% of Eligible Employees for plan	
	3 Years (1/1/2014-12/31/16)		
I.		·	
Employee & Spouse Volume	Employee / Spouse (Ba	sed on EE Age) Rates	
	\$0.040		
	\$0.040		
\$3,850,000	\$0.060		
\$5,630,000	\$0.080		
\$4,755,000	\$0.130		
\$5,775,000	\$0.210		
\$4,695,000	\$0.380		
\$2,865,000	\$0.600		
\$1,225,000	\$0.630		
\$300,000	\$1.170		
\$0	\$2.500		
\$0	\$2.500		
ge 75 and Over \$0 \$2.500 ependent Child(ren) Rate			
\$450,000	\$2.000		
		\$8,147	
	\$97,763		
	Employee & Spouse Volume \$250,000 \$2,470,000 \$3,850,000 \$5,630,000 \$5,775,000 \$4,695,000 \$2,865,000 \$1,225,000 \$300,000 \$0 \$0	Included if disabled before Age 65 up to Age 7	

#### 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	3 2/3%	
Minimum Monthly Benefit		0% of Monthly Earnings	
Maximum Monthly Benefit	Greater of \$100 of 1	070 of Montally Lathings	
Class 1	•	1,000	
Class 2		\$4,000	
Class 2	\$3	3,000	
Own Occupation Definition	24	Months	
Disability Earnings Test		20%	
Definition of Disability		Occupation and Earnings	
Dominion of Disability	Обобщиног	rand Earnings	
	Age	Benefits Payable	
	Under 63	42 Months	
	Age 63	36 Months 30 Months	
Maximum Benefit Duration	Age 64 Age 65	24 Months	
	Age 65 Age 66	21 Months	
	Age 67	18 Months	
	Age 68	15 Months	
	Age 69 and Older	12 Months	
	or to SSNRA		
Recurrent Disabilities		Months	
Mental Health Limitations			
Substance Abuse Limitations		24 Months per occurrence 24 Months per occurrence	
Pre-Existing Condition		3 / 12	
Rate Guarantee		3 Years (1/1/2014-12/31/16)	
MONTHLY RATES		•	
Insurance Volume	\$8,7	760,786	
Rate per \$100 Covered Payroll	\$0	\$0.210	
Monthly Premium		\$18,398	
Annual Premium	\$220,772		

#### 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	
Liver of B	
Utilization Reports	
Newsletters and Collateral Materials	
Internet Service	

Rate Guarantee	
Blue Shield, Kaiser & PacifiCare Members	
\$PEPM	1,749
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
1	\$8.51
	\$14,884
	\$178,608
	\$0
	0.00%