

## COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

### Published Rates - Effective July 1, 2009 Part-Time Employees 40 - 63 Hours

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

<b>Total Cost (Same for all Units)</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$333.00	\$623.00	\$848.00

<b>General, Professional and Supervisory Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$199.80	\$373.80	\$508.80
Employee Contribution	\$133.20	\$249.20	\$339.20

<b>Trades &amp; Crafts, Corrections, and Probation Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$199.80	\$373.80	\$508.80
Employee Contribution	\$133.20	\$249.20	\$339.20

<b>Deputy Sheriff Unit</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$140.07	\$268.09	\$361.64
Employee Contribution	\$192.93	\$354.91	\$486.36

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

<b>Represented Management</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$145.97	\$277.98	\$378.34
Employee Contribution	\$187.03	\$345.02	\$469.66

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

<b>Unrepresented Management, Confidential, County Counsel, Criminal Attorney, Elected Official, &amp; Department Head Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$145.97	\$277.98	\$378.34
Employee Contribution	\$187.03	\$345.02	\$469.66

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

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

## COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

**Published Rates - Effective July 1, 2009 Part-Time Employees 32 - 39 Hours**

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

<b>Total Cost (Same for all Units)</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$333.00	\$623.00	\$848.00

<b>General, Professional and Supervisory Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$133.20	\$249.20	\$339.20
Employee Contribution	\$199.80	\$373.80	\$508.80

<b>Trades &amp; Crafts, Corrections, and Probation Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$133.20	\$249.20	\$339.20
Employee Contribution	\$199.80	\$373.80	\$508.80

<b>Deputy Sheriff and D.A. Investigator Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$93.38	\$178.73	\$241.10
Employee Contribution	\$239.62	\$444.27	\$606.90
Note: Employees in these Units receive \$79 per Pay Period in Optional Benefits Plan credits, which can be used offset employee contributions.			

<b>Represented Management</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$97.31	\$185.32	\$252.23
Employee Contribution	\$235.69	\$437.68	\$595.77
Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is 115.38 per Pay Period.			

<b>Unrepresented Management, Confidential, County Counsel, Criminal Attorney, Elected Official, &amp; Department Head Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$97.31	\$185.32	\$252.23
Employee Contribution	\$235.69	\$437.68	\$595.78
Note: Employees in these Units receive Optional Benefits Plan credits which can be used offset employee contributions. Amount is \$115.38 per Pay Period.			

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

# COUNTY SPONSORED HEALTH PLANS CONTRIBUTION RATES

**Published Rate - Effective July 1, 2009**

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

<b>Total Cost (Same for all Units)</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
	\$333.00	\$623.00	\$848.00

<b>General, Professional and Supervisory Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$266.40	\$498.40	\$678.40
Employee Contribution	\$66.60	\$124.60	\$169.60

<b>Trades &amp; Crafts, Corrections, and Probation Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$266.40	\$498.40	\$678.40
Employee Contribution	\$66.60	\$124.60	\$169.60

<b>Deputy Sheriff Unit</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$186.76	\$357.46	\$482.19
Employee Contribution	\$146.25	\$265.55	\$365.81

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

<b>Represented Management</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$194.63	\$370.64	\$504.45
Employee Contribution	\$138.38	\$252.37	\$343.55

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

<b>Unrepresented Management, Criminal Attorney, County Counsel, Confidential, Elected Official, and Department Head Units</b>			
	Employee Only	Employee + 1	Emp. + 2 or more
County Contribution	\$194.63	\$370.64	\$504.45
Employee Contribution	\$138.38	\$252.37	\$343.55

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

**EL DORADO COUNTY SPONSORED HEALTH PLANS**

MONTHLY RATES EFFECTIVE JULY 1, 2009

FOR RETIREES & COVERED DEPENDENTS WITHOUT MEDICARE

	<i>Without Dental</i>	<i>With Dental</i>
<b>BLUE SHIELD Standard Plan (\$200 Deductible)</b>		
Retiree Only	\$608	\$722
Retiree + 1 Dependent	\$1,149	\$1,349
Retiree + 2 or more	\$1,533	\$1,837

<b>BLUE SHIELD Low Option Plan (\$1000 Deductible)</b>		
Retiree Only	\$553	\$667
Retiree + 1 Dependent	\$1,041	\$1,240
Retiree + 2 or more	\$1,399	\$1,702

<b>KAISER PERMANENTE HMO PLAN (\$15 Copay)</b>		
Retiree Only	\$560	\$609
Retiree + 1 Dependent	\$1,117	\$1,205
Retiree + 2 or more	\$1,581	\$1,703

<b>PACIFICARE HMO PLAN (\$15 Copay)</b>		
Retiree Only	\$491	\$540
Retiree + 1 Dependent	\$1,001	\$1,089
Retiree + 2 or more	\$1,417	\$1,539

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

## EL DORADO COUNTY HEALTH PLANS FOR MEDICARE RETIREES

### MONTHLY RATES EFFECTIVE JULY 1, 2009

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

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

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

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

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

	<i>Without Dental</i>	<i>With Dental</i>
<b>BLUE SHIELD Standard Plan (\$200 Deductible)</b>		
One in Medicare A & B	\$516	\$565
One in Medicare A & B and one not in Medicare A & B	\$1,102	\$1,190
Two in Medicare A & B	\$961	\$1,049

<b>BLUE SHIELD Low Option Plan (\$1000 Deductible)</b>		
One in Medicare A & B	\$471	\$519
One in Medicare A & B and one not in Medicare A & B	\$1,003	\$1,091
Two in Medicare A & B	\$871	\$959

<b>KAISER SENIOR ADVANTAGE (\$5 Copay)</b>		
One in Medicare A & B	\$385	\$402
One in Medicare A & B and one not in Medicare A & B	\$943	\$999
Two in Medicare A & B	\$768	\$802

**EL DORADO COUNTY HEALTH PLANS FOR UNASSIGNED RETIREE OVER 65  
WHO HAVE NEITHER PART A AND B OR PART B ONLY**

MONTHLY RATES EFFECTIVE JULY 1, 2009

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

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

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

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

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

	<i>Without Dental</i>	<i>With Dental</i>
<b>Kaiser HMO \$15 Copay Plan</b>		
One over 65 with no Part A or B coverage , or Part B coverage only	\$1,290	\$1,339
Two over 65 with one with no Part A or B coverage , or Part B coverage only and the other covered by Senior advantage	\$1,690	\$1,739
Two over 65 with no Part A or B coverage , or Part B coverage only	\$2,578	\$2,666

**EL DORADO COUNTY HEALTH PLANS FOR UNASSIGNED RETIREE OVER 65  
WHO HAVE PART A ONLY**

**MONTHLY RATES EFFECTIVE JULY 1, 2009**

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

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

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

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

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

	<i>Without Dental</i>	<i>With Dental</i>
<b>Kaiser HMO \$15 Copay Plan</b>		
One over 65 with Part A coverage only	\$880	\$928
Two over 65 with one with Part A coverage only and the other covered by Senior Advantage	\$1,280	\$1,328
Two over 65 with Part A coverage only	\$1,757	\$1,845

**EL DORADO COUNTY SPONSORED HEALTH PLANS  
MONTHLY RATES EFFECTIVE JULY 1, 2009 FOR  
QUALIFIED BENEFICIARIES UNDER COBRA**

<b>These rates apply to all County-Sponsored Health Plans</b>	
Single	\$736
Two Person	\$1,377
Three or more	\$1,874

<b>Employee Assistance Program (EAP) through MHN</b> Monthly Rate is \$9.82 regardless of the number enrolled
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**EL DORADO COUNTY SPONSORED HEALTH PLANS  
MONTHLY RATES EFFECTIVE JULY 1, 2009 FOR  
AFFILIATED EMPLOYERS**

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

Employee Only	\$722
Employee + 1	\$1,349
Employee + 2 or more	\$1,837

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

Employee Only	\$736
Employee + 1	\$1,377
Employee + 2 or more	\$1,874

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

Notes:

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



