HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CA (Criminal Attorney), CC (County Counsel), MA (Managers) & SM (Sworn Management)

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS			PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS		
	(PER PAY PERIOD)			(PER PAY PERIOD)			(PER PAY PERIOD)		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$303.80	\$548.91	\$764.11	\$227.85	\$411.68	\$573.08	\$151.90	\$274.46	\$382.06
Employee	\$163.58	\$295.56	\$411.44	\$239.53	\$432.79	\$602.47	\$315.48	\$570.01	\$793.49
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$393.50	\$710.11	\$988.36	\$295.13	\$532.58	\$741.27	\$196.75	\$355.06	\$494.18
Employee	\$211.88	\$382.36	\$532.19	\$310.25	\$559.89	\$779.28	\$408.63	\$737.41	\$1,026.37
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
	4000 0-	4	4	40.00.00	4	4	4000 00	4	4
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer Employee	\$236.38 \$127.27	\$467.55 \$251.75	\$659.72 \$355.23	\$177.29 \$186.36	\$350.66 \$368.64	\$494.79 \$520.16	\$118.19 \$245.46	\$233.78 \$485.52	\$329.86 \$685.09
Етіріоуее						-			-
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$195.43	\$384.67	\$542.72	\$146.57	\$288.50	\$407.04	\$97.72	\$192.34	\$271.36
Employee	\$105.22	\$207.13	\$292.23	\$154.08	\$303.30	\$427.91	\$202.93	\$399.46	\$563.59
	NOTE: Employees in these bargaining			NOTE: Employees in these bargaining			NOTE: Employees in these bargaining		
	units receive Optional Benefit credits				e Optional Bei	-	units receive Optional Benefit credits		
	which can be used to offset employee				e used to offs	et employee	which can be used to offset employee		
	contributions. CC: \$6,000 (\$250 24 times per year)			contribution			contributions.		
				CC: \$4,500 (\$188 24 times per year) CA, MA & SM: \$4,680 (\$195 24 times			CC -\$3,000 (\$125 24 times per year) CA, MA & SM: \$3,120 (\$130 24 times		
	CA, MA & SM: \$6,240 (\$260 24 times per year)			CA, MA & SM: \$4,680 (\$195 24 times per year)			CA, MA & SM: \$3,120 (\$130 24 times per year)		
	per year)			per yeur)			per yeur)		

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

HEALTH PLAN CONTRIBUTION RATES

For employees in bargaining units

CO (Confidential), EL (Elected), UM (Unrepresented Management) & UD (Department Heads) Effective January 1, 2019

Contributions are deducted over 24 pay periods

	FULL TIME 64+ HOURS			PART TIME 40 - 63 HOURS			PART TIME 32 - 39 HOURS		
	(PER PAY PERIOD)			(PER PAY PERIOD)			(PER PAY PERIOD)		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
Blue Shield PPO ABHP Low	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10	\$460.23	\$830.17	\$1,154.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
				1,					
Total	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55	\$467.38	\$844.47	\$1,175.55
Employer	\$317.52	\$573.93	\$799.07	\$238.14	\$430.45	\$599.30	\$158.76	\$286.97	\$399.54
Employee	\$149.86	\$270.54	\$376.48	\$229.24	\$414.02	\$576.25	\$308.62	\$557.50	\$776.01
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO Standard	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10	\$598.23	\$1,078.17	\$1,499.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
	4	4	4	4	4	4		4	4
Total	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55	\$605.38	\$1,092.47	\$1,520.55
Employer	\$414.92	\$748.96	\$1,042.57	\$311.19	\$561.72	\$781.93	\$207.46	\$374.48	\$521.29
Employee	\$190.46	\$343.51	\$477.98	\$294.19	\$530.75	\$738.62	\$397.92	\$717.99	\$999.26
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO Standard	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50	\$356.50	\$705.00	\$993.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95	\$363.65	\$719.30	\$1,014.95
Employer	\$253.07	\$498.13	\$701.51	\$189.80	\$373.60	\$526.13	\$126.54	\$249.07	\$350.76
Employee	\$110.58	\$221.17	\$313.44	\$173.85	\$345.70	\$488.82	\$237.11	\$470.23	\$664.19
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>
Kaiser HMO ABHP	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50	\$293.50	\$577.50	\$813.50
EDC Admin Fee	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45	\$7.15	\$14.30	\$21.45
Total	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95	\$300.65	\$591.80	\$834.95
Employer	\$209.11	\$408.71	\$575.40	\$156.83	\$306.53	\$431.55	\$104.56	\$204.36	\$287.70
Employee	\$91.54	\$183.09	\$259.55	\$143.82	\$285.27	\$403.40	\$196.09	\$387.44	\$547.25
	NOTE: Employees in these bargaining			NOTE: Employees in these bargaining units receive Optional Benefit credits			NOTE: Employees in these bargaining units receive Optional Benefit credits		
	units receive Optional Benefit credits which can be used to offset employee			which can be used to offset employee			which can be used to offset employee		
	contribution		et employee	contributions.			contributions.		
		is. 50 24 times pei	r vear)	\$4,680 (\$195 24 times per year)			\$3,120 (\$130 24 times per year)		
	,0 (720	. z = . tnes pei	, ,	77,000 (7100 27 times per year)			75,120 (7150 24 times per year)		

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS.

PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2019

Contributions are deducted over 24 pay periods

Partici				tory when particip	ating in a Cour	nty-sponsored	•			
	FULL TIME 64+ HOURS (PER					HOURS	PART TIN	/IE 32 - 39 I	HOURS	
	PA	Y PERIOD)	(PER	PAY PERIO)D)	(PER	PAY PERIO	D)	
	For employ	ees in Loc	al 1, OE3	For employ	ees in Loc	al 1, OE3	For employees in Local 1, OE3			
		d Probatio		1	d Probatio			d Probation		
	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	EE ONLY	<u>EE+1</u>	FAMILY	
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	
10.0.0.0	Ψ2.07	Ψσσ	Ψ0.02	Ψ 2.07	Ψσ.,, σ	Ψ0.01	Ψ2.07	ψοσ	70.01	
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Employer	\$23.21	\$42.07	\$59.09	\$17.41	\$31.55	\$44.32	\$11.61	\$21.04	\$29.55	
Employee	\$5.80	\$10.51	\$14.77	\$11.60	\$21.03	\$29.54	\$17.40	\$31.54	\$44.31	
F - 7										
	For emplo	•		1	For employees in bargaining			For employees in bargaining		
	units CA, CC, MA & SM			units CA, CC, MA & SM			units CA, CC, MA & SM			
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Employer	\$18.86	\$34.18	\$48.01	\$14.15	\$25.64	\$36.01	\$9.43	\$17.09	\$24.01	
Employee	\$10.15	\$18.40	\$25.85	\$14.86	\$26.94	\$37.85	\$19.58	\$35.49	\$49.85	
	NOTE: Employee	s in those hard	rainina unita	NOTE: Employees in these bargaining units			NOTE: Employees in these haragining units			
	receive Optional	-		receive Optional	_	-	NOTE: Employees in these bargaining units receive Optional Benefit credits which can			
	be used to offset	,		be used to offset	-		be used to offset employee contributions.			
CC:\$6,000 (\$250 24 times po				CC:\$4,500 (\$188 24 times per year)			CC:\$3,000 (\$125 24 times per year)			
	CA, MA & SM: \$6,240 (\$260 24 times per				4,680 (\$195 24	times per	CA , MA & SM: \$	3,120 (\$130 24	times per	
	year)			year)			year)			
				<u> </u>						
	For emplo	yees in ba	rgaining							
	unit SA									
	EE ONLY	EE+1	<u>FAMILY</u>							
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85							
VSP CHOICE	\$1.87	\$3.73	\$6.01							
V3F CHOICE	\$1.67	33.73	Ş0.01							
Total	\$29.01	\$52.58	\$73.86							
Employer	\$18.86	\$34.18	\$48.01							
Employee	\$10.15	\$18.40	\$25.85							
Limpioyee	-									
	NOTE: Employee									
	pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17									
	each)									
				Faw		:-!	Fag		!_!	
	For employees in bargaining units			For emplo	For employees in bargaining			For employees in bargaining		
					units		units			
	CO,	EL, UM & 1	UD	CO,	CO, EL, UM & UD			CO, EL, UM & UD		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>	
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	
VSP CHOICE	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	
	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	
Total				\$13.94	\$25.22	\$35.36	\$9.30	\$16.82		
Employer	\$18.59	\$33.63	\$47.14						\$23.57	
	\$18.59 \$10.42	\$33.63 \$18.95	\$47.14 \$26.72	\$15.07	\$27.36	\$38.50	\$19.71	\$35.76		
Employer							\$19.71		\$23.57	
Employer		\$18.95	\$26.72		\$27.36	\$38.50	\$19.71 NOTE: Employee	\$35.76	\$23.57 \$50.29	
Employer	\$10.42	\$18.95 s in these barg	\$26.72 gaining units	\$15.07	\$27.36 es in these barg	\$38.50 aining units		\$35.76 es in these barge	\$23.57 \$50.29 aining units	
Employer	\$10.42 NOTE: Employee	\$18.95 s in these barg Benefit credit. employee cor	\$26.72 gaining units s which can ntributions.	\$15.07 NOTE: Employee	\$27.36 es in these barg I Benefit credits t employee con	\$38.50 aining units which can tributions.	NOTE: Employee	\$35.76 Is in these barge Benefit credits temployee cont	\$23.57 \$50.29 aining units which can tributions.	