

**2018 Health Insurance Plans (Effective January 1, 2018)**

**All Employees**

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
<b>Kaiser HMO</b>								
Employee Only	48.85	277.80	118.05	208.60	187.25	139.40	326.65	653.30
Employee +1	97.70	554.60	236.10	416.20	374.50	277.80	652.30	1304.60
Employee + Family	138.24	784.35	334.08	588.51	529.91	392.68	922.59	1845.18

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium <sup>2</sup>	Monthly Premium <sup>2</sup>
<b>Kaiser HDHP</b>								
Employee Only	38.21	217.53	38.21	217.53	146.48	109.26	255.74	511.48
Employee +1	76.42	434.06	184.69	325.79	292.95	217.53	510.48	1020.96
Employee + Family	108.14	613.77	261.33	460.58	414.52	307.39	721.91	1443.82

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Blue Shield HMO</b>								
Employee Only	80.97	458.80	195.67	344.10	310.37	229.40	539.77	1079.54
Employee +1	161.93	917.61	391.33	688.21	620.74	458.80	1079.54	2159.08
Employee + Family	229.13	1298.42	553.74	973.81	878.34	649.21	1527.55	3055.10

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Blue Shield TRIO HMO</b>								
Employee Only	69.28	392.60	167.43	294.45	265.58	196.30	461.88	923.76
Employee +1	138.56	785.20	334.86	588.90	531.16	392.60	923.76	1847.52
Employee + Family	196.07	1111.05	473.83	833.29	751.59	555.53	1307.12	2614.24

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Blue Shield PPO</b>								
Employee Only	160.62	481.85	281.08	361.39	401.54	240.93	642.47	1284.94
Employee +1	333.60	1000.78	583.79	750.59	833.99	500.39	1334.38	2668.76
Employee + Family	485.43	1456.27	849.49	1092.21	1213.56	728.14	1941.70	3883.40

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Blue Shield HDHP</b>								
Employee Only	62.47	353.99	150.97	265.49	239.46	177.00	416.46	832.92
Employee +1	124.94	707.98	301.93	530.99	478.93	353.99	832.92	1665.84
Employee + Family	176.79	1001.79	427.24	751.34	677.68	500.90	1178.58	2357.16

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Operating Engineers PPO, Dental &amp; Vision</b>								
Employee Only	42.15	379.35	136.99	284.51	231.82	189.68	421.50	843.00
Employee +1	84.35	759.15	274.14	569.36	463.92	379.58	843.50	1687.00
Employee + Family	113.85	1024.65	370.01	768.49	626.17	512.33	1138.50	2277.00

	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total	Total
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost	Semi-Monthly Premium	Monthly Premium
<b>Operating Engineers Kaiser, Dental &amp; Vision</b>								
Employee Only	45.00	405.00	146.25	303.75	247.50	202.50	450.00	900.00
Employee +1	90.05	810.45	292.66	607.84	495.27	405.23	900.50	1801.00
Employee + Family	117.45	1057.05	381.71	792.79	645.97	528.53	1174.50	2349.00

**2018 Dental & Vision Contributions**

	Cigna Dental PPO			
	Core Dental Plan (No max, no ortho coverage)		Management Buy-up - Core plus Buy-Up (4k Ortho Coverage)	
	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>
<b>Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant</b>				
Employee Only			19.11	
Employee + 1	5.99	53.92	33.53	53.92
Employee + 2 ore more			44.03	

	Cigna Dental PPO							
	Core Dental Plan (2.5k Max)		Year 2+ Actives - Core plus Buy-Up 1 (4k Max)		Year 2+ Actives - Core plus Buy-Up 2 (4k Ortho Coverage)		Year 2+ Actives - Core plus Buy-Up 3 (4k Max & 4k Ortho Coverage)	
	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>	Employee Cost	County Cost <sup>1</sup>
<b>All other represented employee groups</b>								
Employee Only			10.08		14.46		19.71	
Employee + 1	4.84	43.52	15.87	43.52	25.05	43.52	36.08	43.52
Employee + 2 ore more			20.08		32.75		47.99	

	Delta Care DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
<b>Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant</b>				
	2.25	20.24	0.00	8.03
<b>All other represented employee groups</b>	2.25	20.24		

	VSP Vision Care Buy-Up	
	Employee cost	County cost
Employee Only	2.28	
Employee + 1	4.78	8.03
Employee + 2 ore more	6.83	

<sup>1</sup>The annual premiums for 2017 are divided into 24 pay periods

(1) The 3-tier Employee Cost Rates are derived using the current composite funding rates of \$96.71 & \$119.83.

(2) Includes Kaiser Admin Fee that County picks up.