

# 2020 Semi-Monthly Cost of Medical Benefits

## ALL EMPLOYEES

Kaiser HMO	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>
Employee Only	51.39	292.22	51.39	292.22	197.00	146.61	343.61	687.22
Employee +1	102.78	583.44	248.39	437.83	394.00	292.22	686.22	1372.44
Employee + Family	145.44	825.16	351.48	619.12	557.52	413.08	970.60	1941.20

Kaiser HDHP	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>
Employee Only	40.35	229.62	40.35	229.62	154.66	115.31	269.97	539.94
Employee +1	80.69	458.25	195.00	343.94	309.32	229.62	538.94	1077.88
Employee + Family	114.18	648.01	275.93	486.26	437.68	324.51	762.19	1524.38

Blue Shield HMO	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
Employee Only	89.20	505.50	215.57	379.13	341.95	252.75	594.70	1189.40
Employee +1	178.41	1010.99	431.16	758.24	683.90	505.50	1189.40	2378.80
Employee + Family	252.45	1430.56	610.09	1072.92	967.73	715.28	1683.01	3366.02

Blue Shield TRIO HMO	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
Employee Only	69.77	395.35	168.61	296.51	267.44	197.68	465.12	930.24
Employee +1	139.54	790.70	337.21	593.03	534.89	395.35	930.24	1860.48
Employee + Family	197.44	1118.85	477.15	839.14	756.86	559.43	1316.29	2632.58

Blue Shield PPO	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
Employee Only	176.96	530.89	309.68	398.17	442.40	265.45	707.85	1415.70
Employee +1	367.54	1102.64	643.20	826.98	918.86	551.32	1470.18	2940.36
Employee + Family	534.82	1604.47	935.94	1203.35	1337.05	802.24	2139.29	4278.58

Blue Shield HDHP	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
Employee Only	68.83	390.01	166.33	292.51	263.83	195.01	458.84	917.68
Employee +1	137.65	780.03	332.66	585.02	527.66	390.02	917.68	1835.36
Employee + Family	194.78	1103.75	470.72	827.81	746.65	551.88	1298.53	2597.06

## OPERATING ENGINEERS

PPO, Dental & Vision	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
Employee Only	37.40	336.60	121.55	252.45	205.70	168.30	374.00	748.00
Employee +1	74.85	673.65	243.26	505.24	411.67	336.83	748.50	1497.00
Employee + Family	101.05	909.45	328.41	682.09	555.77	454.73	1010.50	2021.00

Kaiser, Dental & Vision	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
Employee Only	42.70	384.30	138.77	288.23	234.85	192.15	427.00	854.00
Employee +1	85.40	768.60	277.55	576.45	469.70	384.30	854.00	1708.00
Employee + Family	111.40	1002.60	362.05	751.95	612.70	501.30	1114.00	2228.00

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## DENTAL AND 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>
Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant				
Employee Only			23.17	
Employee + 1	7.27	65.39	40.66	65.39
Employee + 2 ore more			53.38	

	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>
All other represented employee groups								
Employee Only			12.22		17.53		23.89	
Employee + 1	5.86	52.77	19.24	52.77	30.38	52.77	43.76	52.77
Employee + 2 ore more			24.35		39.72		58.19	

	Delta Care DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	2.25	20.24	0.00	8.26
All other represented employee groups	2.25	20.24		

	VSP Vision Care Buy-Up	
	Employee cost	County cost
Employee Only	2.66	
Employee + 1	5.59	8.26
Employee + 2 ore more	7.99	