

2021 Semi-Monthly Cost of Medical Benefits

ALL EMPLOYEES

Blue Shield HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
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 Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
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 Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
Employee Only	184.36	553.08	322.63	414.81	460.90	276.54	737.44	1474.88
Employee +1	382.91	1148.73	670.09	861.55	957.27	574.37	1531.64	3063.28
Employee + Family	557.18	1671.53	975.06	1253.65	1392.94	835.77	2228.71	4457.42

Blue Shield HDHP	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
Employee Only	71.70	406.32	173.28	304.74	274.86	203.16	478.02	956.04
Employee +1	143.41	812.63	346.57	609.47	549.72	406.32	956.04	1912.08
Employee + Family	202.92	1149.89	490.39	862.42	777.86	574.95	1352.81	2705.62

Kaiser HMO	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
Employee Only	52.40	297.89	52.40	297.89	200.84	149.45	350.29	700.58
Employee +1	104.79	594.78	253.23	446.34	401.68	297.89	699.57	1399.14
Employee + Family	148.27	841.21	358.32	631.16	568.38	421.10	989.48	1978.96

Kaiser HDHP	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee Cost	County Cost	Employee Cost	County Cost	Employee Cost	County Cost		
Employee Only	41.14	234.10	41.14	234.10	157.69	117.55	275.24	550.48
Employee +1	82.27	467.20	198.82	350.65	315.37	234.10	549.47	1098.94
Employee + Family	116.42	660.67	281.34	495.75	446.25	330.84	777.09	1554.18

OPERATING ENGINEERS

PPO, Dental & Vision	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost		
Employee Only	44.45	400.05	144.46	300.04	244.47	200.03	444.50	889.00
Employee +1	88.85	799.65	288.76	599.74	488.67	399.83	888.50	1777.00
Employee + Family	120.00	1080.00	390.00	810.00	660.00	540.00	1200.00	2400.00

Kaiser, Dental & Vision	Full Time Employees		3/4 Time Employees		1/2 Time Employees		Total Semi-Monthly Premium	Total Monthly Premium
	Employee cost	County cost	Employee cost	County cost	Employee cost	County cost		
Employee Only	45.10	405.90	146.57	304.43	248.05	202.95	451.00	902.00
Employee +1	90.15	811.35	292.99	608.51	495.82	405.68	901.50	1803.00
Employee + Family	117.60	1058.40	382.20	793.80	646.80	529.20	1176.00	2352.00

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DENTAL AND VISION CONTRIBUTIONS

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Core Dental Plan (No max, no ortho coverage)		Management Buy up- Core plus Buy-Up (4k Ortho Coverage)	
	Employee Cost	County Cost ¹	Employee Cost	County Cost ¹
Employee Only	7.27	65.39	23.17	65.39
Employee + 1			40.66	
Employee + 2 ore more			53.38	

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

Management, Confidential, District Attorney/County Counsel, Sheriff Sergeant	Delta Care DHMO		VSP Vision Care	
	Employee cost	County cost	Employee cost	County cost
	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	8.26
Employee + 1	5.59	
Employee + 2 ore more	7.99	