

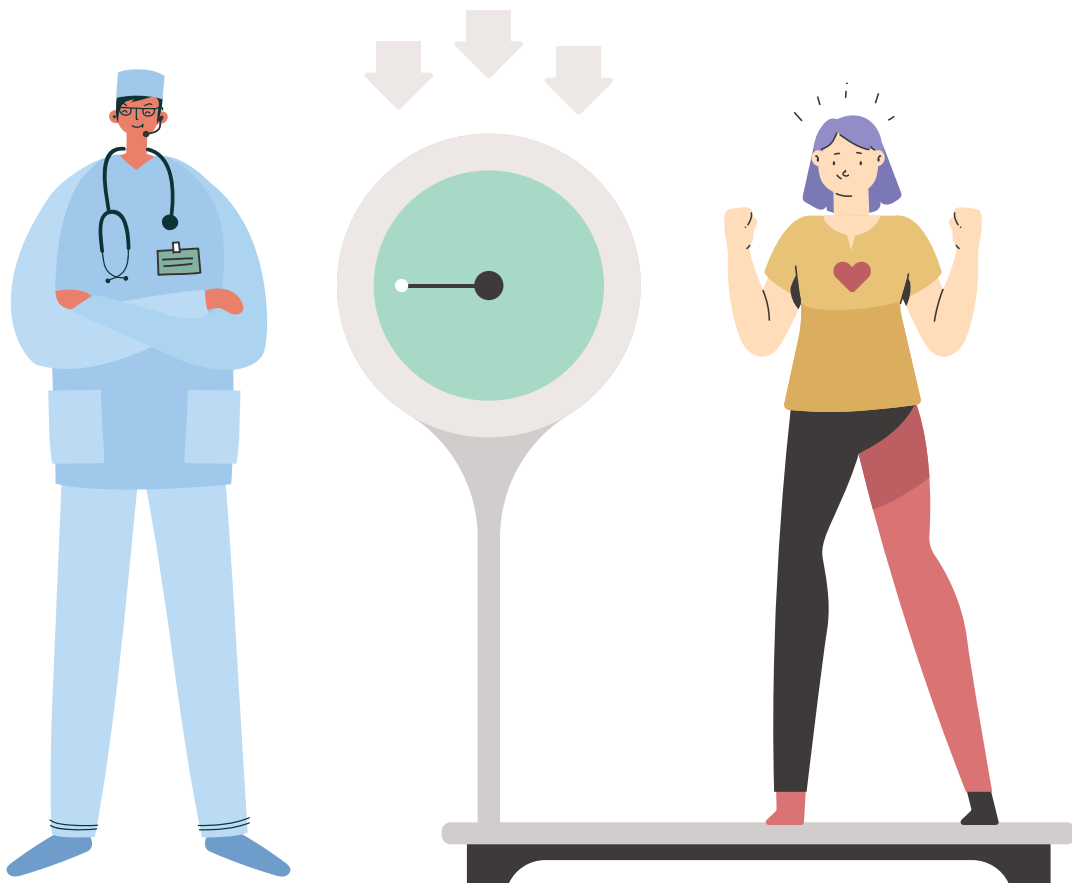


# ALAMEDA COUNTY | 2024 RATES & COVERAGE

## Summary

The County provides all eligible employees with a choice of Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans. All plans cover medical expenses incurred for non-occupational illness or accidental injury. Coverage also includes mental health, substance abuse services and more.

The County offers seven medical plan options. When you choose a plan for yourself, you can enroll your eligible dependents in the same plan.

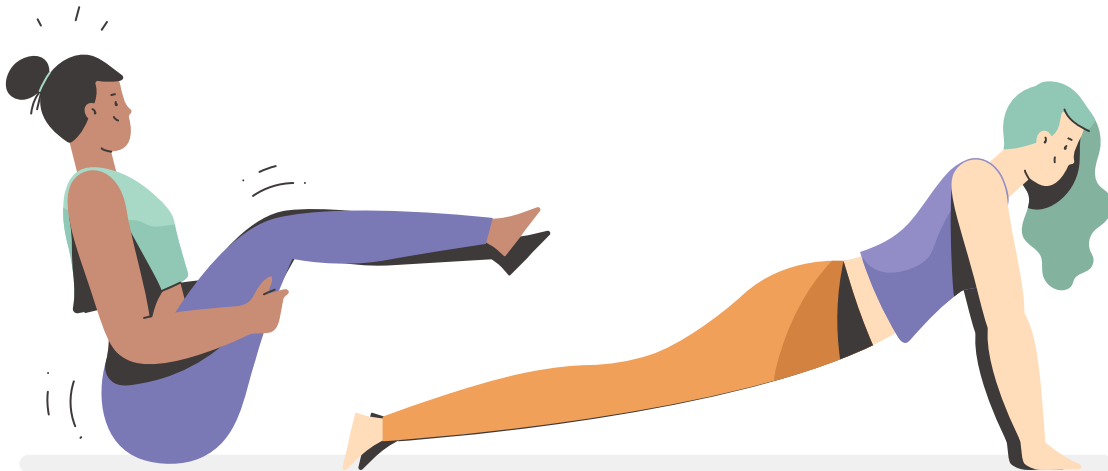


## Your Cost

When you work standard hours, your contribution amount for medical coverage depends on the plan you select, the number of family members you cover, and your Bargaining Unit, if represented. **Each rate table below shows the semi-monthly cost and how you and the County share the cost of your medical coverage.**

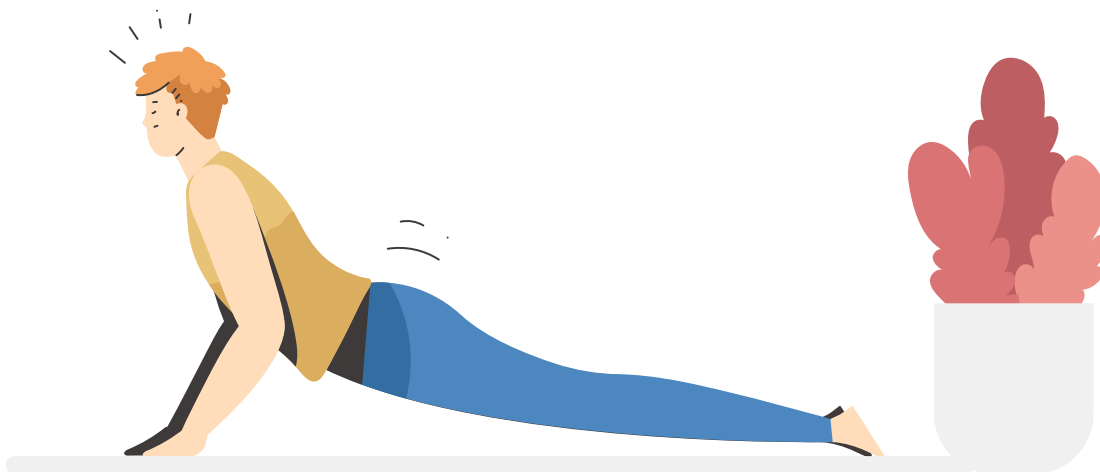
# MEDICAL PLANS – 2024 RATES & COVERAGE

88%		12%		<b>Group 1 – County pays 88% and Employee pays 12%</b> Participating: BTC, SEIU, and Unrepresented Non-Management (semi-monthly contributions)	
Plan	Self	Self + 1	Family	Change	
<b>Kaiser \$15</b>					
County contribution	\$434.18	\$868.37	\$1,228.74		
Employee contribution	\$59.21	\$118.41	\$167.56	+14.07% Increase	
<b>Kaiser \$40</b>					
County contribution	\$403.53	\$807.07	\$1,142.00		
Employee contribution	\$55.03	\$110.05	\$155.73	+14.07% Increase	
<b>UHC SignatureValue \$15</b>					
County contribution	\$644.56	\$1,289.04	\$1,823.98		
Employee contribution	\$87.89	\$175.78	\$248.72	+13.48% Increase	
<b>UHC SignatureValue \$40</b>					
County contribution	\$575.96	\$1,151.89	\$1,629.86		
Employee contribution	\$78.54	\$157.08	\$222.25	+13.48% Increase	
<b>UHC SV Advantage \$15</b>					
County contribution	\$421.38	\$842.68	\$1,192.36		
Employee contribution	\$57.46	\$114.91	\$162.60	+13.48% Increase	
<b>UHC SV Advantage \$40</b>					
County contribution	\$376.53	\$752.98	\$1,065.47		
Employee contribution	\$51.35	\$102.68	\$145.29	+13.48% Increase	
<b>UHC Select Plus PPO</b>					
County contribution	\$421.38	\$842.68	\$1,192.36		
Employee contribution	\$205.57	\$411.24	\$581.91	+9.72% Increase	



# MEDICAL PLANS – 2024 RATES & COVERAGE

		<b>Group 3 – County pays 85% and Employee pays 15%</b>			
		Participating: ACCA, ACPA, ACMEA General & Conf., ACMEA Sheriff's Sworn, ACMEA Sheriff's Non-Sworn, ACMEA Probation Mgt., ACWFIA, CEMU, DSA, IFPTE (016, 060, 077), PACE, PPOA, Public Defender Chpt., Teamsters, UAPD, and Unrep. Management (semi-monthly contributions)			
<b>85%</b>	<b>15%</b>				
<b>Plan</b>		<b>Self</b>	<b>Self + 1</b>	<b>Family</b>	<b>Change</b>
<b>Kaiser \$15</b>					
County contribution		\$419.38	\$838.76	\$1,186.86	
Employee contribution		\$74.01	\$148.02	\$209.44	+14.07% Increase
<b>Kaiser \$40</b>					
County contribution		\$389.78	\$779.55	\$1,103.07	
Employee contribution		\$68.78	\$137.57	\$194.66	+14.07% Increase
<b>UHC SignatureValue \$15</b>					
County contribution		\$622.58	\$1,245.10	\$1,761.79	
Employee contribution		\$109.87	\$219.72	\$310.91	+13.48% Increase
<b>UHC SignatureValue \$40</b>					
County contribution		\$556.32	\$1,112.62	\$1,574.29	
Employee contribution		\$98.18	\$196.35	\$277.82	+13.48% Increase
<b>UHC SV Advantage \$15</b>					
County contribution		\$407.01	\$813.95	\$1,151.72	
Employee contribution		\$71.83	\$143.64	\$203.24	+13.48% Increase
<b>UHC SV Advantage \$40</b>					
County contribution		\$363.70	\$727.31	\$1,029.15	
Employee contribution		\$64.18	\$128.35	\$181.61	+13.48% Increase
<b>UHC Select Plus PPO</b>					
County contribution		\$407.01	\$813.95	\$1,151.72	
Employee contribution		\$219.94	\$439.97	\$622.55	+9.72% Increase





# DENTAL, VISION, LIFE & DISABILITY PLANS – 2024 RATES & COVERAGE

## Delta Dental Plans

The semi-monthly premiums below show the amount the County pays for dental coverage for you and your family. Employees pay nothing.

Plan	Self	Self +1	Family
Delta Dental PPO	\$21.38	\$40.55	\$61.94
Delta Dental PPO Supplemental Plan	\$9.65	\$18.33	\$27.92
DeltaCare USA DHMO	\$14.43	\$24.39	\$37.39

## VSP Vision Plans

Employees pay the 100% cost of coverage on a semi-monthly basis.

Plan	Self	Self +1	Family
Vision Choice Plus	\$3.99	\$8.01	\$12.58
Vision Choice Premium	\$10.14	\$19.24	\$28.57

## Basic Life

100% paid by the County. The County pays \$0.04 per \$1,000 of coverage.

## Voluntary Insurance Plans

If you enroll, you pay 100% of the cost.

## Employee Supplemental Life

Age as of January 1, 2024	Cost per \$1,000 of Coverage
Less than age 30	\$0.0150
Age 30 thru 34	\$0.0180
Age 35 thru 39	\$0.0245
Age 40 thru 44	\$0.0350
Age 45 thru 49	\$0.0585
Age 50 thru 54	\$0.0935
Age 55 thru 59	\$0.1495
Age 60 thru 64	\$0.2010
Age 65 thru 69	\$0.3085
Age 70 and over	\$0.5410

## Short-term Disability

Age as of January 1, 2024	Cost per \$100 of Your Base Salary
Less than age 25	\$0.4670
Age 25 thru 29	\$0.4790
Age 30 thru 34	\$0.4810
Age 35 thru 39	\$0.3495
Age 40 thru 44	\$0.2850
Age 45 thru 49	\$0.3100
Age 50 thru 54	\$0.3675
Age 55 thru 59	\$0.4245
Age 60 thru 64	\$0.4780
Age 65 and over	\$0.5240

## Long-term Disability

Age as of January 1, 2024	Cost per \$100 of Your Base Salary
Less than age 25	\$0.0485
25 thru 29	\$0.0570
30 thru 34	\$0.0785
35 thru 39	\$0.1145
40 thru 44	\$0.2005
45 thru 49	\$0.3245
50 thru 54	\$0.4390
55 thru 59	\$0.5190
60 thru 64	\$0.5115
65 and over	\$0.4630