

Medical Plan: Rates & Coverage

This section displays the rates and coverage for your 2019 plan year Kaiser and UnitedHealthcare plans.

Rates. Each separate rate table is based on the “split” in percentage of total premium payment between the County and the employee (i.e., 90/10).



Human Resource Services
EMPLOYEE BENEFITS CENTER

2019 Medical Plan Rates (Semi-Monthly)

90/10

For ACWFIA, ACMEA Probation Mgt., BTC, IFPTE Local 21 (016,060), PACE, PPOA, SEIU, Teamsters, UAPD, and Unrep. Non-Mgt

		Self	Self+1	Family	% Increase from '18 to '19
Kaiser \$15 HMO	→ County contribution	\$327.61	\$655.22	\$927.14	4.0%
	👤 Employee contribution	\$36.40	\$72.80	\$103.01	
Kaiser \$40 HMO	→ County contribution	\$304.49	\$608.98	\$861.71	4.0%
	👤 Employee contribution	\$33.83	\$67.66	\$95.74	
UHC SignatureValue \$15	→ County contribution	\$471.22	\$942.41	\$1,333.49	0%
	👤 Employee contribution	\$52.36	\$104.71	\$148.17	
UHC SignatureValue \$40	→ County contribution	\$421.08	\$842.12	\$1,191.59	0%
	👤 Employee contribution	\$46.79	\$93.57	\$132.40	
UHC SignatureValue Advantage \$15	→ County contribution	\$441.42	\$882.81	\$1,249.16	6.32% less than 2018 UHC Premium Plan
	👤 Employee contribution	\$49.05	\$98.09	\$138.80	
UHC SignatureValue Advantage \$40 HMO	→ County contribution	\$394.45	\$788.87	\$1,116.23	6.32% less than 2018 UHC Standard Plan
	👤 Employee contribution	\$43.83	\$87.65	\$124.03	

89/11

For IFPTE Local 21 Engineers 077

		Self	Self+1	Family	% Increase from '18 to '19
Kaiser \$15 HMO	→ County contribution	\$323.97	\$647.94	\$916.83	4.0%
	👤 Employee contribution	\$40.04	\$80.08	\$113.32	
Kaiser \$40 HMO	→ County contribution	\$301.10	\$602.21	\$852.13	4.0%
	👤 Employee contribution	\$37.22	\$74.43	\$105.32	
UHC SignatureValue \$15	→ County contribution	\$465.99	\$931.94	\$1,318.68	0%
	👤 Employee contribution	\$57.59	\$115.18	\$162.98	
UHC SignatureValue \$40	→ County contribution	\$416.40	\$832.76	\$1,178.35	0%
	👤 Employee contribution	\$51.47	\$102.93	\$145.64	
UHC SignatureValue Advantage \$15	→ County contribution	\$436.52	\$873.00	\$1,235.28	6.32% less than 2018 UHC Premium Plan
	👤 Employee contribution	\$53.95	\$107.90	\$152.68	
UHC SignatureValue Advantage \$40 HMO	→ County contribution	\$390.07	\$780.10	\$1,103.83	6.32% less than 2018 UHC Standard Plan
	👤 Employee contribution	\$48.21	\$96.42	\$136.43	

87.5/12.5

For Unrep. Mgt., ACCA, ACMEA Gen. & Confid., ACMEA Sheriff's Non-Sworn, CEMU and Public Defender

		Self	Self+1	Family	% Increase from '18 to '19
Kaiser \$15 HMO	→ County contribution	\$318.51	\$637.02	\$901.38	4.0%
	👤 Employee contribution	\$45.50	\$91.00	\$128.77	
Kaiser \$40 HMO	→ County contribution	\$296.03	\$592.06	\$837.77	4.0%
	👤 Employee contribution	\$42.29	\$84.58	\$119.68	
UHC SignatureValue \$15	→ County contribution	\$458.13	\$916.23	\$1,296.45	0%
	👤 Employee contribution	\$65.45	\$130.89	\$185.21	
UHC SignatureValue \$40	→ County contribution	\$409.39	\$818.73	\$1,158.49	0%
	👤 Employee contribution	\$58.48	\$116.96	\$165.50	
UHC SignatureValue Advantage \$15	→ County contribution	\$429.16	\$858.29	\$1,214.47	6.32% less than 2018 UHC Premium Plan
	👤 Employee contribution	\$61.31	\$122.61	\$173.49	
UHC SignatureValue Advantage \$40 HMO	→ County contribution	\$383.50	\$766.95	\$1,085.23	6.32% less than 2018 UHC Standard Plan
	👤 Employee contribution	\$54.78	\$109.57	\$155.03	



85/15

For ACMEA Sheriff's Sworn and DSA



		Self	Self+1	Family	% Increase from '18 to '19
Kaiser \$15 HMO	→ County contribution	\$ 309.41	\$ 618.82	\$ 875.63	4.0%
	👤 Employee contribution	\$ 54.60	\$ 109.20	\$ 154.52	
Kaiser \$40 HMO	→ County contribution	\$ 287.57	\$ 575.14	\$ 813.83	4.0%
	👤 Employee contribution	\$ 50.75	\$ 101.50	\$ 143.62	
UHC SignatureValue \$15	→ County contribution	\$ 445.04	\$ 890.05	\$ 1,259.41	0%
	👤 Employee contribution	\$ 78.54	\$ 157.07	\$ 222.25	
UHC SignatureValue \$40	→ County contribution	\$ 397.69	\$ 795.34	\$ 1,125.39	0%
	👤 Employee contribution	\$ 70.18	\$ 140.35	\$ 198.60	
UHC SignatureValue Advantage \$15	→ County contribution	\$ 416.90	\$ 833.77	\$ 1,179.77	6.32% less than 2018 UHC Premium Plan
	👤 Employee contribution	\$ 73.57	\$ 147.13	\$ 208.19	
UHC SignatureValue Advantage \$40 HMO	→ County contribution	\$ 372.54	\$ 745.04	\$ 1,054.22	6.32% less than 2018 UHC Standard Plan
	👤 Employee contribution	\$ 65.74	\$ 131.48	\$ 186.04	

2019 Operating Engineers (Semi-Monthly)



➔ Cost Share 90/10 • ACMEA Probation Manager, ACWFIA, BTC

		Self	Self+1	Family
OE3 Kaiser HMO	 Employee cost	\$108.01	\$212.73	\$193.42
	→ County contribution (+Premier)	\$348.99	\$695.77	\$989.08
	TOTAL COST	\$457.00	\$908.50	\$1,182.50
OE3 Anthem Blue Cross PPO (Prudent Buyer)	 Employee cost	-	-	-
	→ County contribution (+Premier)	\$346.50	\$687.00	\$925.50
	TOTAL COST	\$346.50	\$687.00	\$925.50

➔ Cost Share 87.5/12.5 • ACMEA General & Confidential and ACMEA Sheriff's Non-Sworn

		Self	Self+1	Family
OE3 Kaiser HMO	 Employee cost	\$117.11	\$230.93	\$219.18
	→ County contribution (+Premier)	\$339.89	\$677.57	\$963.32
	TOTAL COST	\$457.00	\$908.50	\$1,182.50
OE3 Anthem Blue Cross PPO (Prudent Buyer)	 Employee cost	\$6.61	\$9.43	-
	→ County contribution (+Premier)	\$339.89	\$677.57	\$925.50
	TOTAL COST	\$346.50	\$687.00	\$925.50

➔ Cost Share 85/15 • ACMEA Sheriff's Sworn

		Self	Self+1	Family
OE3 Kaiser HMO	 Employee cost	\$126.21	\$249.13	\$244.93
	→ County contribution (+Premier)	\$330.79	\$659.37	\$937.57
	TOTAL COST	\$457.00	\$908.50	\$1,182.50
OE3 Anthem Blue Cross PPO (Prudent Buyer)	 Employee cost	\$15.71	\$27.63	-
	→ County contribution (+Premier)	\$330.79	\$659.37	\$925.50
	TOTAL COST	\$346.50	\$687.00	\$925.50

Dental and Vision Plans: Rates & Coverage

Dental Premiums (Semi-Monthly)

100% **EMPLOYER** Paid

	Delta Dental PPO	Delta Dental PPO Supplement Plan	DeltaCare USA
Employee	\$21.38	\$9.65	\$15.02
Employee + 1	\$40.55	\$18.33	\$25.40
Family	\$61.94	\$27.92	\$38.93

Vision Premiums (Semi-Monthly)

100% **EMPLOYEE** Paid

	Self	Self+1	Family
Vision Choice Plus	\$3.21	\$6.44	\$10.05
Vision Choice Premium	\$9.10	\$17.16	\$25.22

Voluntary Insurance Benefits

Basic Life (Semi-Monthly)

100% **EMPLOYER** Paid

▶ \$0.02 per \$1,000

NOTE: Basic Employee Life is 100% paid for by the County. These coverages can only be added during Open Enrollment.

Voluntary Supplemental Employee Life

100% **EMPLOYEE** Paid

Life Premiums Per \$1000

Less than 30	\$0.0140
30 thru 34	\$0.0165
35 thru 39	\$0.0230
40 thru 44	\$0.0325
45 thru 49	\$0.0545
50 thru 54	\$0.0865
55 thru 59	\$0.1380
60 thru 64	\$0.1855
65 thru 69	\$0.2850
70 and over	\$0.5000

NOTE: Supplemental Spouse Life is available at above rates for **MANAGEMENT ONLY**.

MANAGEMENT ONLY

Supplemental Life Child

▶ \$0.065 per \$1,000

Voluntary Employee Only AD&D

▶ \$0.010 per \$1,000

Voluntary Employee & Family AD&D

▶ \$0.015 per \$1,000

Short-Term Disability Premiums

(Per \$100 Covered Payroll)

< 25	\$0.467
25 - 29	\$0.479
30 - 34	\$0.481
35 - 39	\$0.350
40 - 44	\$0.285
45 - 49	\$0.310
50 - 54	\$0.368
55 - 59	\$0.425
60 - 64	\$0.478
65 +	\$0.524

Long-Term Disability Premiums

(Per \$100 Covered Payroll)

< 25	\$0.049
25 - 29	\$0.057
30 - 34	\$0.079
35 - 39	\$0.115
40 - 44	\$0.201
45 - 49	\$0.325
50 - 54	\$0.439
55 - 59	\$0.519
60 - 64	\$0.512
65 +	\$0.463