

# 2020 Premium Rates



## Medical Plans

The County provides all eligible employees with a choice of Health Maintenance Organization (HMO) 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 six 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. Each rate table shows the semi-monthly cost and how you and the County share the cost of your medical coverage.

<b>90%</b>	<b>10%</b>	<b>Group 1 – County pays 90% and Employee pays 10%</b> Participating organizations: ACWFIA, BTC, PACE, SEIU, Teamsters, UAPD, and Unrepresented Non-Management
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Plan	Self	Self + 1	Family	Change
<b>Kaiser \$15</b> County contribution Employee contribution	\$336.34 37.37	\$672.68 74.74	\$951.84 105.76	+2.66% Increase
<b>Kaiser \$40</b> County contribution Employee contribution	\$312.60 34.73	\$625.20 69.47	\$884.66 98.30	+2.66% Increase
<b>UHC SignatureValue \$15</b> County contribution Employee contribution	\$489.51 54.39	\$978.98 108.77	\$1,385.24 153.91	+3.88% Increase
<b>UHC SignatureValue \$40</b> County contribution Employee contribution	\$437.42 48.60	\$874.80 97.20	\$1,237.82 137.53	+3.88% Increase
<b>UHC SignatureValue ADVANTAGE \$15</b> County contribution Employee contribution	\$374.36 41.60	\$748.68 83.19	\$1,059.38 117.71	<b>-15.19%</b> <b>Decrease</b>
<b>UHC SignatureValue ADVANTAGE \$40</b> County contribution Employee contribution	\$334.53 37.17	\$669.02 74.33	\$946.65 105.18	<b>-15.19%</b> <b>Decrease</b>



**88%****12%****Group 2 – County pays 88% and Employee pays 12%**

Participating organizations: IFPTE Local 21 Engineers (016, 060, 077)

Plan	Self	Self + 1	Family	Change
<b>Kaiser \$15</b>				
County contribution	\$328.86	\$657.73	\$930.69	+2.66%
Employee contribution	44.85	89.69	126.91	Increase
<b>Kaiser \$40</b>				
County contribution	\$305.65	\$611.31	\$865.00	+2.66%
Employee contribution	41.68	83.36	117.96	Increase
<b>UHC SignatureValue \$15</b>				
County contribution	\$478.63	\$957.22	\$1,354.45	+3.88%
Employee contribution	65.27	130.53	184.70	Increase
<b>UHC SignatureValue \$40</b>				
County contribution	\$427.70	\$855.36	\$1,210.31	+3.88%
Employee contribution	58.32	116.64	165.04	Increase
<b>UHC SignatureValue ADVANTAGE \$15</b>				
County contribution	\$366.04	\$732.05	\$1,035.84	<b>-15.19%</b>
Employee contribution	49.92	99.82	141.25	<b>Decrease</b>
<b>UHC SignatureValue ADVANTAGE \$40</b>				
County contribution	\$327.10	\$654.15	\$925.61	<b>-15.19%</b>
Employee contribution	44.60	89.20	126.22	<b>Decrease</b>

**87.5%****12.5%****Group 3 – County pays 87.5% and Employee pays 12.5%**

Participating organizations: Unrepresented Management, ACCA, ACMEA General &amp; Confidential, ACMEA Probation Mgt., ACMEA Sheriff's Non-Sworn, CEMU, PD and PPOA

Plan	Self	Self + 1	Family	Change
<b>Kaiser \$15</b>				
County contribution	\$327.00	\$653.99	\$925.40	+2.66%
Employee contribution	46.71	93.43	132.20	Increase
<b>Kaiser \$40</b>				
County contribution	\$303.91	\$607.84	\$860.09	+2.66%
Employee contribution	43.42	86.83	122.87	Increase
<b>UHC SignatureValue \$15</b>				
County contribution	\$475.91	\$951.78	\$1,346.76	+3.88%
Employee contribution	67.99	135.97	192.39	Increase
<b>UHC SignatureValue \$40</b>				
County contribution	\$425.27	\$850.50	\$1,203.43	+3.88%
Employee contribution	60.75	121.50	171.92	Increase
<b>UHC SignatureValue ADVANTAGE \$15</b>				
County contribution	\$363.97	\$727.89	\$1,029.95	<b>-15.19%</b>
Employee contribution	51.99	103.98	147.14	<b>Decrease</b>
<b>UHC SignatureValue ADVANTAGE \$40</b>				
County contribution	\$325.24	\$650.43	\$920.35	<b>-15.19%</b>
Employee contribution	46.46	92.92	131.48	<b>Decrease</b>

**85%****15%****Group 4 – County pays 85% and Employee pays 15%**

Participating organizations: ACMEA Sheriff's Sworn and DSA

Plan	Self	Self + 1	Family	Change
<b>Kaiser \$15</b> County contribution Employee contribution	\$317.65 56.06	\$635.31 112.11	\$898.96 158.64	+2.66% Increase
<b>Kaiser \$40</b> County contribution Employee contribution	\$295.23 52.10	\$590.47 104.20	\$835.52 147.44	+2.66% Increase
<b>UHC SignatureValue \$15</b> County contribution Employee contribution	\$462.31 81.59	\$924.59 163.16	\$1,308.28 230.87	+3.88% Increase
<b>UHC SignatureValue \$40</b> County contribution Employee contribution	\$413.12 72.90	\$826.20 145.80	\$1,169.05 206.30	+3.88% Increase
<b>UHC SignatureValue ADVANTAGE \$15</b> County contribution Employee contribution	\$353.57 62.39	\$707.09 124.78	\$1,000.53 176.56	<b>-15.19%</b> <b>Decrease</b>
<b>UHC SignatureValue ADVANTAGE \$40</b> County contribution Employee contribution	\$315.95 55.75	\$631.85 111.50	\$894.06 157.77	<b>-15.19%</b> <b>Decrease</b>

**2020 Operating Engineers (Semi-Monthly)****Cost Share – County pays 90% and Employee pays 10%**

Participating organizations: ACWFIA and BTC

Plan	Self	Self + 1	Family
<b>OE3 Kaiser</b> Employee cost County contribution + Premier <b>Total Cost</b>	\$99.28 357.72 <b>457.00</b>	\$195.27 713.23 <b>908.50</b>	\$168.72 1,013.78 <b>1,182.50</b>
<b>OE3 Anthem Blue Cross PPO</b> (Prudent Buyer) Employee cost County contribution + Premier <b>Total Cost</b>	\$0 337.50 <b>337.50</b>	\$0 669.50 <b>669.50</b>	\$0 901.50 <b>901.50</b>

## Dental Plans

The County pays for dental coverage for you and your family. You 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	\$14.72	\$24.89	\$38.15

## Vision Plans

You pay the full cost of coverage.

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

### Basic Life Insurance

100% paid by the County. The County pays \$0.02 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, 2020	Cost per \$1,000 of Coverage
Less than age 30	\$0.0140
Age 30 thru 34	0.0165
Age 35 thru 39	0.0230
Age 40 thru 44	0.0325
Age 45 thru 49	0.0545
Age 50 thru 54	0.0865
Age 55 thru 59	0.1380
Age 60 thru 64	0.1855
Age 65 thru 69	0.2850
Age 70 and over	0.5000

## Disability

Cost per \$100 of Base Salary

Age as of January 1, 2020	Short-Term Disability	Long-Term Disability
Less than age 25	\$0.467	\$0.049
Age 25 thru 29	0.479	0.057
Age 30 thru 34	0.481	0.079
Age 35 thru 39	0.350	0.115
Age 40 thru 44	0.285	0.201
Age 45 thru 49	0.310	0.325
Age 50 thru 54	0.368	0.439
Age 55 thru 59	0.425	0.519
Age 60 thru 64	0.478	0.512
Age 65 and over	0.524	0.463

### Management Options

- **Child Supplemental Life:**  
\$0.065 per \$1,000
- **Spouse Supplemental Life:**  
Same cost as Employee Supplemental Life, based on spouse's age
- **AD&D for Employee:**  
Only \$0.010 per \$1,000
- **AD&D for Employee and Family:**  
\$0.015 per \$1,000