

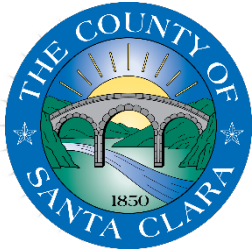
2021-2022 PLAN YEAR Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/28/2021	\$ Change from Current	% Change from Current	EXEC MGMT Employee Pays	CEMA & CONF ADMIN Employee Pays	SEIU & CONF CLERICAL Employee Pays	PROBATION PEACE OFFICERS Employee Pays	E&A Employee Pays
KAISER PERMANENTE HMO									
Employee	\$351.76	\$364.47	\$12.71	3.61%	\$21.87	\$6.73	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$738.70	\$765.39	\$26.69	3.61%	\$45.92	\$14.14	\$13.02	\$13.30	\$13.02
Employee & Children	\$633.17	\$656.05	\$22.88	3.61%	\$39.36	\$12.12	\$11.16	\$11.40	\$11.16
Employee & Family	\$1,020.10	\$1,056.96	\$36.86	3.61%	\$63.42	\$19.52	\$17.98	\$18.37	\$17.98
VALLEY HEALTH PLAN HMO									
Employee	\$473.91	\$473.91	\$0.00	0.00%	\$18.96	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$995.23	\$995.23	\$0.00	0.00%	\$39.81	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$853.05	\$853.05	\$0.00	0.00%	\$34.12	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,374.34	\$1,374.34	\$0.00	0.00%	\$54.97	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN									
Employee	\$653.72	\$679.87	\$26.15	4.00%	\$40.79	\$12.85	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,384.10	\$1,439.46	\$55.36	4.00%	\$86.37	\$27.21	\$52.83	\$52.83	\$64.40
DELTA DENTAL PPO PLAN									
Employee & Family	\$55.90	\$55.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN									
Employee & Family	\$18.90	\$18.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)									
Employee & Family	\$4.54	\$4.54	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

¹Rates are subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.



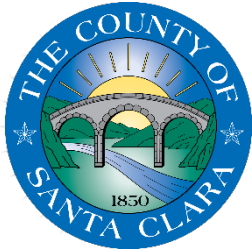
2021-2022 PLAN YEAR Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/28/2021	\$ Change from Current	% Change from Current	CORRECTIONAL PEACE OFFICERS Employee Pays	PARK RANGERS Employee Pays	DSA Employee Pays	GAA Employee Pays	CCAA Employee Pays	ESC Employee Pays
KAISER PERMANENTE HMO										
Employee	\$351.76	\$364.47	\$12.71	3.61%	\$0.00	\$0.00	\$0.00	\$7.04	\$7.29	\$6.73
Employee & Spouse	\$738.70	\$765.39	\$26.69	3.61%	\$13.75	\$0.00	\$26.85	\$24.19	\$26.86	\$14.14
Employee & Children	\$633.17	\$656.05	\$22.88	3.61%	\$11.79	\$0.00	\$23.02	\$20.73	\$23.02	\$12.12
Employee & Family	\$1,020.10	\$1,056.96	\$36.86	3.61%	\$18.99	\$0.00	\$37.08	\$33.40	\$37.09	\$19.52
VALLEY HEALTH PLAN HMO										
Employee	\$473.91	\$473.91	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$995.23	\$995.23	\$0.00	0.00%	\$0.00	\$13.52	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$853.05	\$853.05	\$0.00	0.00%	\$0.00	\$11.59	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,374.34	\$1,374.34	\$0.00	0.00%	\$0.00	\$18.67	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN										
Employee	\$653.72	\$679.87	\$26.15	4.00%	\$0.00	\$0.00	\$0.00	\$13.07	\$13.60	\$12.85
Employee & Family	\$1,384.10	\$1,439.46	\$55.36	4.00%	\$64.40	\$80.48	\$90.82	\$85.28	\$90.82	\$27.21
DELTA DENTAL PPO PLAN										
Employee & Family	\$55.90	\$55.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN										
Employee & Family	\$18.90	\$18.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)										
Employee & Family	\$4.54	\$4.54	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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2021-2022 PLAN YEAR Bi-weekly Benefit Plan Rates & Employee Contribution Requirements¹

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/28/2021	\$ Change from Current	% Change from Current	BTC Employee Pays	DAIA Employee Pays	UAPD Employee Pays	VPG Employee Pays	CIR Employee Pays	RNPA Employee Pays
KAISER PERMANENTE HMO										
Employee	\$351.76	\$364.47	\$12.71	3.61%	\$6.73	\$0.00	\$6.73	\$24.00	\$0.00	\$0.00
Employee & Spouse	\$738.70	\$765.39	\$26.69	3.61%	\$14.14	\$26.85	\$14.14	\$50.23	\$0.00	\$13.30
Employee & Children	\$633.17	\$656.05	\$22.88	3.61%	\$12.12	\$23.02	\$12.12	\$43.19	\$0.00	\$11.40
Employee & Family	\$1,020.10	\$1,056.96	\$36.86	3.61%	\$19.52	\$37.08	\$19.52	\$69.57	\$0.00	\$18.37
VALLEY HEALTH PLAN HMO										
Employee	\$473.91	\$473.91	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$22.18	\$90.17	\$0.00
Employee & Spouse	\$995.23	\$995.23	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$46.57	\$189.36	\$0.00
Employee & Children	\$853.05	\$853.05	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$39.92	\$162.29	\$0.00
Employee & Family	\$1,374.34	\$1,374.34	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$64.31	\$261.50	\$0.00
HEALTH NET POS PLAN										
Employee	\$653.72	\$679.87	\$26.15	4.00%	\$12.85	\$0.00	\$12.85	\$43.27	\$242.92	\$0.00
Employee & Family	\$1,384.10	\$1,439.46	\$55.36	4.00%	\$27.21	\$99.67	\$27.21	\$91.62	\$384.31	\$19.55
DELTA DENTAL PPO PLAN										
Employee & Family	\$55.90	\$55.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN										
Employee & Family	\$18.90	\$18.90	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)										
Employee & Family	\$4.54	\$4.54	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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