



2020-2021 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 06/29/2020	\$ 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	\$336.61	\$351.76	\$15.15	4.50%	\$21.11	\$6.73	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$706.88	\$738.70	\$31.82	4.50%	\$44.32	\$14.14	\$13.02	\$13.30	\$13.02
Employee & Children	\$605.90	\$633.17	\$27.27	4.50%	\$37.99	\$12.12	\$11.16	\$11.40	\$11.16
Employee & Family	\$976.17	\$1,020.10	\$43.93	4.50%	\$61.21	\$19.52	\$17.98	\$18.37	\$17.98
VALLEY HEALTH PLAN HMO									
Employee	\$464.03	\$473.91	\$9.88	2.13%	\$18.96	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$974.47	\$995.23	\$20.76	2.13%	\$39.81	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$835.26	\$853.05	\$17.79	2.13%	\$34.12	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,345.68	\$1,374.34	\$28.66	2.13%	\$54.97	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN									
Employee	\$642.48	\$653.72	\$11.24	1.75%	\$39.22	\$12.85	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,360.29	\$1,384.10	\$23.81	1.75%	\$83.05	\$27.21	\$52.83	\$52.83	\$64.40
DELTA DENTAL PPO PLAN									
Employee & Family	\$54.27	\$55.90	\$1.63	3.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN									
Employee & Family	\$19.90	\$18.90	(\$1.00)	-5.03%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)									
Employee & Family	\$4.59	\$4.54	(\$0.05)	-1.09%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/29/2020	\$ Change from Current	% Change from Current	CORRECTIONAL PEACE OFFICERS Employee Pays	PARK RANGERS Employee Pays	DSA & GAA Employee Pays	CCAA Employee Pays	ESC Employee Pays
KAISER PERMANENTE HMO									
Employee	\$336.61	\$351.76	\$15.15	4.50%	\$0.00	\$0.00	\$0.00	\$0.00	\$6.73
Employee & Spouse	\$706.88	\$738.70	\$31.82	4.50%	\$13.75	\$0.00	\$24.19	\$24.19	\$14.14
Employee & Children	\$605.90	\$633.17	\$27.27	4.50%	\$11.79	\$0.00	\$20.73	\$20.73	\$12.12
Employee & Family	\$976.17	\$1,020.10	\$43.93	4.50%	\$18.99	\$0.00	\$33.40	\$33.40	\$19.52
VALLEY HEALTH PLAN HMO									
Employee	\$464.03	\$473.91	\$9.88	2.13%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$974.47	\$995.23	\$20.76	2.13%	\$0.00	\$13.52	\$0.00	\$0.00	\$0.00
Employee & Children	\$835.26	\$853.05	\$17.79	2.13%	\$0.00	\$11.59	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,345.68	\$1,374.34	\$28.66	2.13%	\$0.00	\$18.67	\$0.00	\$0.00	\$0.00
HEALTH NET POS PLAN									
Employee	\$642.48	\$653.72	\$11.24	1.75%	\$0.00	\$0.00	\$0.00	\$0.00	\$12.85
Employee & Family	\$1,360.29	\$1,384.10	\$23.81	1.75%	\$64.40	\$74.94	\$85.28	\$85.28	\$27.21
DELTA DENTAL PPO PLAN									
Employee & Family	\$54.27	\$55.90	\$1.63	3.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN									
Employee & Family	\$19.90	\$18.90	(\$1.00)	-5.03%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)									
Employee & Family	\$4.59	\$4.54	(\$0.05)	-1.09%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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(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 06/29/2020	\$ Change from Current	% Change from Current	BTC Employee Pays	DAIA & UAPD Employee Pays	VPG Employee Pays	CIR Employee Pays	RNPA Employee Pays
KAISER PERMANENTE HMO									
Employee	\$336.61	\$351.76	\$15.15	4.50%	\$0.00	\$0.00	\$22.73	\$0.00	\$0.00
Employee & Spouse	\$706.88	\$738.70	\$31.82	4.50%	\$21.25	\$24.19	\$47.56	\$0.00	\$13.30
Employee & Children	\$605.90	\$633.17	\$27.27	4.50%	\$18.21	\$20.73	\$40.90	\$0.00	\$11.40
Employee & Family	\$976.17	\$1,020.10	\$43.93	4.50%	\$29.34	\$33.40	\$65.89	\$0.00	\$18.37
VALLEY HEALTH PLAN HMO									
Employee	\$464.03	\$473.91	\$9.88	2.13%	\$0.00	\$0.00	\$22.18	\$90.17	\$0.00
Employee & Spouse	\$974.47	\$995.23	\$20.76	2.13%	\$0.00	\$0.00	\$46.57	\$189.36	\$0.00
Employee & Children	\$835.26	\$853.05	\$17.79	2.13%	\$0.00	\$0.00	\$39.92	\$162.29	\$0.00
Employee & Family	\$1,345.68	\$1,374.34	\$28.66	2.13%	\$0.00	\$0.00	\$64.31	\$261.50	\$0.00
HEALTH NET POS PLAN									
Employee	\$642.48	\$653.72	\$11.24	1.75%	\$0.00	\$0.00	\$40.65	\$240.31	\$0.00
Employee & Family	\$1,360.29	\$1,384.10	\$23.81	1.75%	\$74.94	\$94.13	\$86.08	\$378.77	\$19.55
DELTA DENTAL PPO PLAN									
Employee & Family	\$54.27	\$55.90	\$1.63	3.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LIBERTY DENTAL HMO PLAN									
Employee & Family	\$19.90	\$18.90	(\$1.00)	-5.03%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION SERVICE PLAN (VSP)									
Employee & Family	\$4.59	\$4.54	(\$0.05)	-1.09%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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