

MEDICAL PLANS — 2022 RATES & COVERAGE

Summary

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 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. Each rate table shows the semi-monthly cost and how you and the County share the cost of your medical coverage.

90%	10%	Group 1 – County pays 90% and Employee pays 10% Participating: PACE (semi-monthly contributions)			
Plan		Self	Self +1	Family	Change
Kaiser \$15					
County contribution		\$361.05	\$722.11	\$1,021.79	+4.00% Increase
Employee contribution		\$40.12	\$80.23	\$113.53	
Kaiser \$40					
County contribution		\$335.57	\$671.13	\$949.65	+4.00% Increase
Employee contribution		\$37.28	\$74.57	\$105.52	
UHC Signature Value \$1	15				
County contribution		\$532.94	\$1,065.85	\$1,508.16	+2.93% Increase
Employee contribution		\$59.22	\$118.43	\$167.57	
UHC Signature Value \$4	1 0				
County contribution		\$476.24	\$952.43	\$1,347.65	+2.93% Increase
Employee contribution		\$52.91	\$105.83	\$149.74	
UHC Signature Value Ac	dvantage \$15				
County contribution		\$351.64	\$703.22	\$995.03	+2.93% Increase
Employee contribution		\$39.07	\$78.13	\$110.56	
UHC Signature Value Ac	dvantage \$40				
County contribution		\$314.22	\$628.37	\$889.15	+2.93% Increase
Employee contribution		\$34.91	\$69.82	\$98.79	
UHC Select Plus PPO					
County contribution		\$351.64	\$703.22	\$995.03	New Plan
Employee contribution		\$192.92	\$385.89	\$546.05	



COUNTY OF ALAMEDA 1 PREMIUM RATES



MEDICAL PLANS — 2022 RATES & COVERAGE

88%	12%	Group 2 — County pays 88% and Employee pays 12% Participating: BTC, SEIU, Unrepresented Non-Management, Teamsters (semi-monthly contributions)			
Plan		Self	Self +1	Family	Change
Kaiser \$15					
County contribution		\$353.03	\$706.06	\$999.08	+4.00% Increase
Employee contribution		\$48.14	\$96.28	\$136.24	
Kaiser \$40					
County contribution		\$328.11	\$656.22	\$928.55	+4.00% Increase
Employee contribution		\$44.74	\$89.48	\$126.62	
UHC SignatureValue \$1	15				
County contribution		\$521.10	\$1,042.17	\$1,474.64	+2.93% Increase
Employee contribution		\$71.06	\$142.11	\$201.09	
UHC Signature Value \$40					
County contribution		\$465.65	\$931.27	\$1,317.70	+2.93% Increase
Employee contribution		\$63.50	\$126.99	\$179.69	
UHC SignatureValue A	dvantage \$15				
County contribution		\$343.82	\$687.59	\$972.92	+2.93% Increase
Employee contribution		\$46.89	\$93.76	\$132.67	
UHC SignatureValue A	dvantage \$40				
County contribution		\$307.23	\$614.41	\$869.39	+2.93% Increase
Employee contribution		\$41.90	\$83.78	\$118.55	
UHC Select Plus PPO					
County contribution		\$343.82	\$687.59	\$972.92	New Plan
Employee contribution		\$200.74	\$401.52	\$568.16	

87.5%	12.5%	Group 3 — County pays 87.5% and Employee pays 12.5% Participating: ACMEA Sheriff's Non-Sworn, PPOA (semi-monthly contributions)			
Plan		Self	Self + 1	Family	Change
Kaiser \$15					
County contribution		\$351.02	\$702.05	\$993.41	+4.00% Increase
Employee contribution	on	\$50.15	\$100.29	\$141.91	
Kaiser \$40					
County contribution		\$326.24	\$652.49	\$923.27	+4.00% Increase
Employee contribution		\$46.61	\$93.21	\$131.90	
UHC Signature Value \$15					
County contribution	County contribution		\$1,036.24	\$1,466.26	+2.93% Increase
Employee contribution		\$74.02	\$148.04	\$209.47	
UHC Signature Value \$40					
County contribution		\$463.01	\$925.98	\$1,310.22	+2.93% Increase
Employee contribution		\$66.14	\$132.28	\$187.17	

COUNTY OF ALAMEDA 2 PREMIUM RATES



MEDICAL PLANS — 2022 RATES & COVERAGE

87.5%	12.5%	Group 3 — County pays 87.5% and Employee pays 12.5% Participating: ACMEA Sheriff's Non-Sworn, PPOA (semi-monthly contributions)			
Plan		Self	Self + 1	Family	Change
UHC Signature Value	Advantage \$15				
County contribution		\$341.87	\$683.68	\$967.39	+2.93% Increase
Employee contributio	n	\$48.84	\$97.67	\$138.20	
UHC Signature Value	Advantage \$40				
County contribution		\$305.49	\$610.92	\$864.45	+2.93% Increase
Employee contributio	n	\$43.64	\$87.27	\$123.49	
UHC Select Plus PPO					
County contribution		\$341.87	\$683.68	\$967.39	New Plan
Employee contributio	n	\$202.69	\$405.43	\$573.69	

85%	15%	Group 4 — County pays 85% and Employee pays 15% Participating: ACCA, ACMEA General & Confidential, ACMEA Probation Mgt., ACMEA Sheriff's Sworn, ACWFIA, CEMU, DSA, IFPTE (016, 060, 077), Public Defender Chapter, UAPD, Unrep Management, ACPA (semi-monthly contributions)			
Plan		Self	Self + 1	Family	Change
Kaiser \$15					
County contribution		\$340.99	\$681.99	\$965.02	+4.00% Increase
Employee contributio	n	\$60.18	\$120.35	\$170.30	
Kaiser \$40					
County contribution		\$316.92	\$633.85	\$896.89	+4.00% Increase
Employee contributio	n	\$55.93	\$111.85	\$158.28	
UHC Signature Value \$15					
County contribution		\$503.34	\$1,006.64	\$1,424.37	+2.93% Increase
Employee contribution		\$88.82	\$177.64	\$251.36	
UHC Signature Value \$40					
County contribution		\$449.78	\$899.52	\$1,272.78	+2.93% Increase
Employee contributio	Employee contribution		\$158.74	\$224.61	
UHC Signature Value	Advantage \$15				
County contribution		\$332.10	\$664.15	\$939.75	+2.93% Increase
Employee contributio	n	\$58.61	\$117.20	\$165.84	
UHC Signature Value Advantage \$40					
County contribution		\$296.76	\$593.46	\$839.75	+2.93% Increase
Employee contribution		\$52.37	\$104.73	\$148.19	
UHC Select Plus PPO		\$332.10			
County contribution	•		\$664.15	\$939.75	New Plan
Employee contributio	n	\$212.46	\$424.96	\$601.33	



DENTAL/VISION PLANS — 2022 RATES AND COVERAGE

Dental Plans

The semi-monthly premiums below show the amount 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 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 \$0.02 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, 2022	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

Short-term Disability

Age as of January 1, 2022	Cost per \$100 of Your Base Salary
Less than age 25	\$0.467
Age 25 thru 29	\$0.479
Age 30 thru 34	\$0.481
Age 35 thru 39	\$0.350
Age 40 thru 44	\$0.285
Age 45 thru 49	\$0.310
Age 50 thru 54	\$0.368
Age 55 thru 59	\$0.425
Age 60 thru 64	\$0.478
Age 65 and over	\$0.524

Long-term Disability

Age as of January 1, 2022	Cost per \$100 of Your Base Salary
Less than age 25	\$0.049
25 thru 29	\$0.057
30 thru 34	\$0.079
35 thru 39	\$0.115
40 thru 44	\$0.201
45 thru 49	\$0.325
50 thru 54	\$0.439
55 thru 59	\$0.519
60 thru 64	\$0.512
65 and over	\$0.463