## 2016 Medical Plan Premiums (semi-monthly)

| Employer Contribution is 90\% for the HMO Plans and 90\% of the lowest cost HMO for the PPO Plan |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { Premium }=\$ 15 \text { Copay } \\ & \text { Standard }=\$ 40 \text { Copay } \end{aligned}$ | Self | Self+1 | Family | $\begin{aligned} & \text { Percentage of Increase } 2015 \text { over } \\ & 2016 \end{aligned}$ |
| Kaiser Premium HMO <br> County contribution <br> Employee contribution | $\begin{array}{r} \$ 288.48 \\ \$ 32.05 \\ \hline \end{array}$ | $\begin{array}{r} \$ 576.96 \\ \$ 64.10 \\ \hline \end{array}$ | $\begin{array}{r} \$ 816.39 \\ \$ 90.71 \\ \hline \end{array}$ | .63\% |
| Kaiser Standard HMO <br> County contribution <br> Employee contribution | $\begin{array}{r} \$ 268.17 \\ \$ 29.79 \\ \hline \end{array}$ | $\begin{array}{r} \$ 536.33 \\ \$ 59.59 \\ \hline \end{array}$ | $\begin{array}{r} \$ 758.91 \\ \$ 84.32 \\ \hline \end{array}$ | 1.0\% |
| UHC Premium HMO <br> County contribution <br> Employee contribution | $\begin{array}{r} \$ 441.93 \\ \$ 49.10 \\ \hline \end{array}$ | $\begin{array}{r} \$ 883.83 \\ \$ 98.20 \\ \hline \end{array}$ | $\begin{array}{r} \$ 1,250.61 \\ \$ 138.95 \\ \hline \end{array}$ | 1.0\% |
| UHC Standard HMO County contribution Employee contribution | $\begin{array}{r} \$ 394.90 \\ \$ 43.88 \\ \hline \end{array}$ | $\begin{array}{r} \$ 789.78 \\ \$ 87.75 \\ \hline \end{array}$ | $\begin{array}{r} \$ 1,117.52 \\ \$ 124.17 \\ \hline \end{array}$ | 1.0\% |
| UnitedHealthcare High Deductible PPO <br> County contribution Employee contribution | $\begin{aligned} & \$ 288.48 \\ & \$ 996.77 \\ & \hline \end{aligned}$ | $\begin{array}{r} \$ 576.96 \\ \$ 1916.30 \\ \hline \end{array}$ | $\begin{array}{r} \$ 816.39 \\ \$ 2,704.96 \\ \hline \end{array}$ | 9.80\% |


| DENTAL Plan Premiums (semi-monthly) <br> (100\% Employer Paid) |  |  |  |
| :--- | ---: | ---: | ---: |
|  |  | Delta Dental PPo Supplement <br> Plan |  |
| Delta Dental PPO |  | $\$ 9.65$ |  |
| EE | $\$ 21.38$ |  | $\$ 18.33$ |
| EE +1 | $\$ 40.55$ |  | $\$ 27.92$ |
| Family | $\$ 61.94$ |  |  |


| DeltaCare USA |  |  |
| :--- | ---: | ---: |
| EE | $\$$ | 15.02 |
| EE +1 | $\$$ | 25.40 |
| Family | $\$$ | 38.93 |


| VSP Voluntary Vision Premiums (Semi-Monthly) |  |  |  |
| :--- | :---: | :---: | :---: |
|  | SELF | SELF + 1 | FAMILY |
| Choice Plus | $\$ 3.08$ | $\$ 6.19$ | $\$ 9.66$ |
| Choice Premium | $\$ 8.75$ | $\$ 16.50$ | $\$ 24.25$ |


| Basic Life ( $100 \%$ Employer Paid) | $\$ 0.04$ per $\$ 1,000$ |
| :--- | :--- |

Semi-Monthly Life \& Disability Premiums

| Voluntary Supplemental Employee \& Spouse Life Premiums <br> 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 | $\$ 0.5000$ |


| Supplemental Child Life | $\$ 0.065$ |
| :--- | :---: |


| Vol Employee Only AD\&D | $\$ 0.010$ |
| :--- | :--- |
| Vol Employee + Family AD\&D | $\$ 0.015$ |


| STD Premiums (Per $\$ \mathbf{1 0 0}$ Covered Payroll) |  |
| :---: | :---: |
| $<25$ | $\$ 0.497$ |
| $25-29$ | $\$ 0.505$ |
| $30-34$ | $\$ 0.512$ |
| $35-39$ | $\$ 0.364$ |
| $40-44$ | $\$ 0.304$ |
| $45-49$ | $\$ 0.330$ |
| $50-54$ | $\$ 0.391$ |
| $55-59$ | $\$ 0.452$ |
| $60-64$ | $\$ 0.509$ |
| $65+$ | $\$ 0.558$ |


| LTD Premiums (Per $\$ 100$ Covered Payroll) |  |
| :---: | :---: |
| $<25$ | $\$ 0.054$ |
| $25-29$ | $\$ 0.064$ |
| $30-34$ | $\$ 0.087$ |
| $35-39$ | $\$ 0.127$ |
| $40-44$ | $\$ 0.223$ |
| $45-49$ | $\$ 0.361$ |
| $50-54$ | $\$ 0.488$ |
| $55-59$ | $\$ 0.577$ |
| $60-64$ | $\$ 0.569$ |
| $65+$ | $\$ 0.515$ |

