

**2014 Employee Health Plan Rate Table
Attorneys Unit (OCAA)**

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	2014 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
WELLWISE CHOICE*					
EMPLOYEE ONLY	\$735.00	\$664.63	\$33.93	\$369.07	\$170.34
EMPLOYEE / 1 DEPENDENT	\$1,359.75	\$1,025.45	\$156.90	\$512.02	\$393.86
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,837.50	\$1,385.01	\$212.02	\$691.65	\$532.03
SHAREWELL CHOICE**					
EMPLOYEE ONLY	\$294.00	\$363.03	(\$31.86)	\$294.00	\$0.00
EMPLOYEE / 1 DEPENDENT	\$514.50	\$573.18	(\$27.08)	\$192.94	\$148.42
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$676.20	\$726.08	(\$23.02)	\$253.58	\$195.06
KAISER CHOICE					
EMPLOYEE ONLY	\$467.02	\$420.32	\$21.56	\$233.51	\$107.78
EMPLOYEE / 1 DEPENDENT	\$934.04	\$700.53	\$107.78	\$350.27	\$269.44
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,321.66	\$991.25	\$152.50	\$495.63	\$381.25
CIGNA CHOICE					
EMPLOYEE ONLY	\$599.93	\$539.94	\$27.69	\$299.97	\$138.45
EMPLOYEE / 1 DEPENDENT	\$1,185.75	\$889.32	\$136.82	\$444.66	\$342.05
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,649.85	\$1,237.39	\$190.37	\$618.70	\$475.92

* County cost includes Wellwise incentive

** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01 2014, January 3, 2014)