

2015 EMPLOYEE CHOICE HMO HEALTH PLAN RATE TABLE

With Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	2015 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER CHOICE					
EMPLOYEE ONLY	\$482.33	\$434.10	\$22.26	\$241.17	\$111.31
EMPLOYEE / 1 DEPENDENT	\$964.65	\$723.49	\$111.31	\$361.75	\$278.27
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,364.98	\$1,023.74	\$157.50	\$511.87	\$393.75
CIGNA CHOICE					
EMPLOYEE ONLY	\$645.88	\$581.30	\$29.81	\$322.94	\$149.05
EMPLOYEE / 1 DEPENDENT	\$1,276.58	\$957.44	\$147.30	\$478.72	\$368.25
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,776.23	\$1,332.18	\$204.95	\$666.09	\$512.38
(Effective every pay period beginning with pay period 01 2015, January 2, 2015)					

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KAISER CHOICE					
EMPLOYEE ONLY	\$482.33	\$409.99	\$33.39	\$217.05	\$122.44
EMPLOYEE / 1 DEPENDENT	\$964.65	\$675.26	\$133.57	\$313.52	\$300.53
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,364.98	\$955.49	\$189.00	\$443.62	\$425.25
CIGNA CHOICE					
EMPLOYEE ONLY	\$645.88	\$549.00	\$44.72	\$290.65	\$163.96
EMPLOYEE / 1 DEPENDENT	\$1,276.58	\$893.61	\$176.76	\$414.89	\$397.71
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,776.23	\$1,243.37	\$245.94	\$577.28	\$553.37
(Effective every pay period beginning with pay period 01 2015, January 2, 2015)					