

Employer Contribution Comparison

Fresno County Contribution and Cost Background:

The employer contribution for HMO Employee Only Coverage has only increased by \$25 or 12% since 2009 (really since 2006), at the same time the employee contribution has increased by \$139 or about 1000%.

The premium costs for HMO Employee Only coverage has increased by 74% since 2009.

The employer contribution for HMO Family coverage has increased by \$25 or 8% since 2009, at the same time the employee contribution has increased by \$142 or 155%.

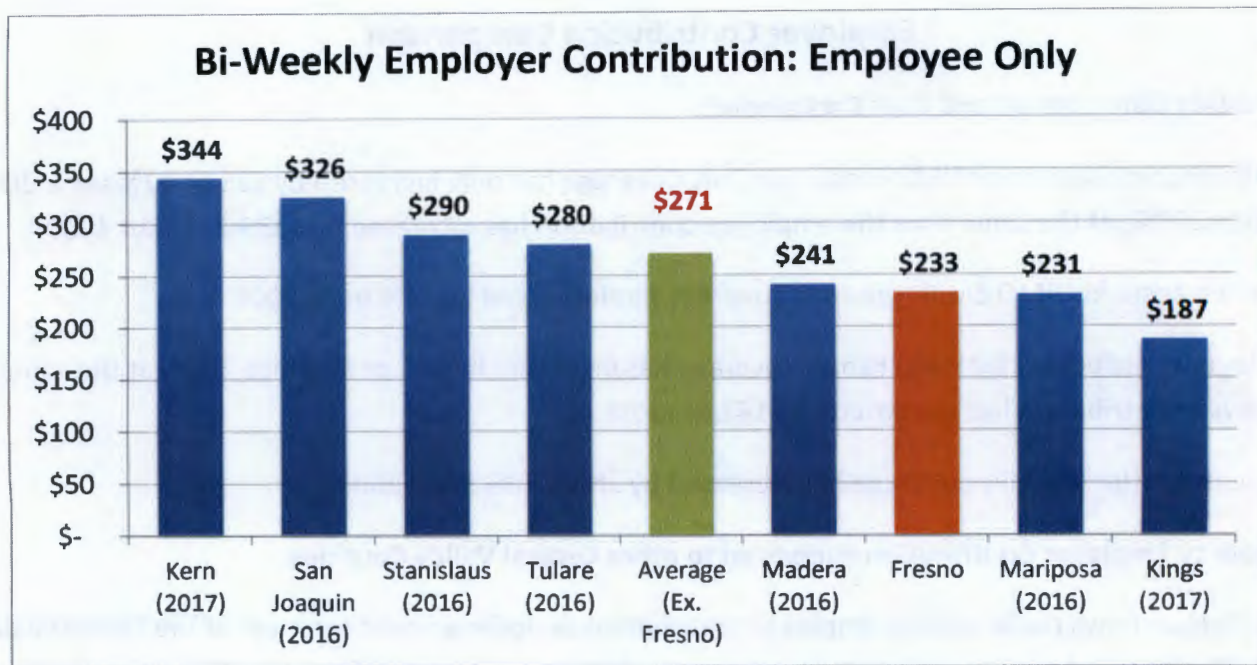
The premium for HMO Family coverage has increased by about 70% since 2009.

Fresno County Employer Contribution compared to other Central Valley Counties:

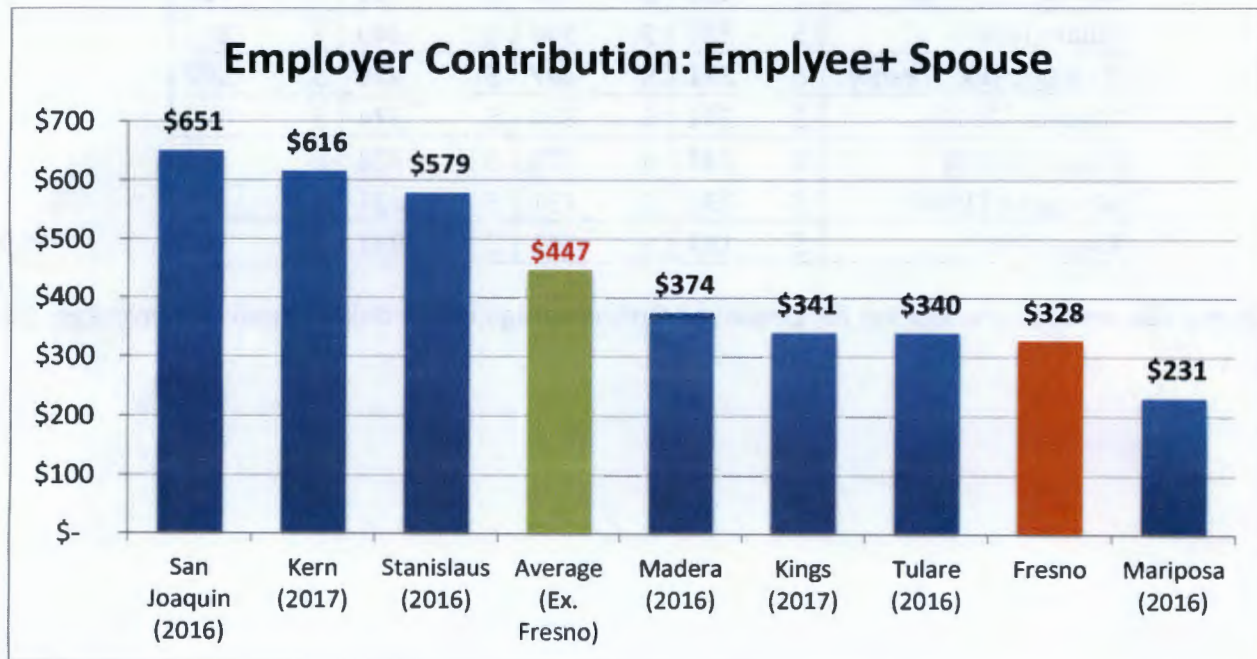
The table below shows the bi-weekly employer contribution as dollar amount for most of the Central Valley counties. The table below is organized by largest to smallest amount for the Employee Only contribution.

County	Employee Only	Employee+ Spouse	Employee + Children	Employee + Family
Kern (2017)	\$ 344	\$ 616	\$ 616	\$ 888
San Joaquin (2016)	\$ 326	\$ 651	\$ 651	\$ 911
Stanislaus (2016)	\$ 290	\$ 579	\$ 782	\$ 782
Tulare (2016)	\$ 280	\$ 340	\$ 340	\$ 370
Average (Ex. Fresno)	\$ 271	\$ 447	\$ 476	\$ 592
Madera (2017)	\$ 241	\$ 374	\$ 374	\$ 450
Fresno (2016)	\$ 233	\$ 328	\$ 328	\$ 333
Mariposa (2016)	\$ 231	\$ 231	\$ 231	\$ 231
Kings (2017)	\$ 187	\$ 341	\$ 341	\$ 513

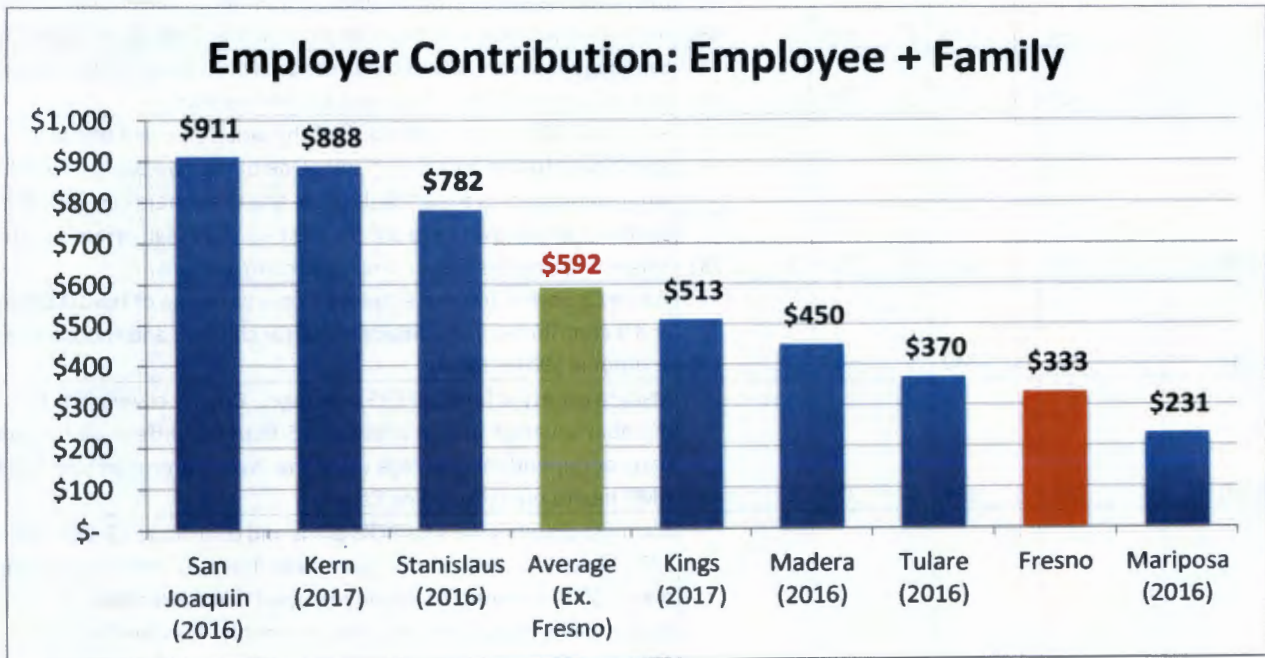
Fresno County's bi-weekly contribution for Employee Only coverage is \$38 dollars below the average. See chart below.



Fresno County's bi-weekly contribution for Employee + Spouse coverage is \$119 dollars below the average. San Joaquin County's contribution towards Employee + Spouse coverage is almost 2 times more than Fresno's contribution. See chart below.



Fresno County's bi-weekly contribution for Employee + Family coverage is \$259 dollars below the average of counties in the Central Valley. San Joaquin County's employer contribution is almost 3 times higher than that of Fresno County's. See chart below.



County	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Notes
Kern (2016)	\$ 344	\$ 616	\$ 616	\$ 888	Kern County offers four plans and covers 80% of the premium for all plans and tiers. The amounts shown here are for the most expensive plan which is the one with highest enrollment. Kaiser plan is a second most enrolled plan and the costs for that are: \$188, \$356, \$356, \$508
San Joaquin (2016)	\$ 326	\$ 651	\$ 651	\$ 911	San Joaquin covers 80% of the premium for all tiers for the two lower cost plans and 73.8% of the most expensive plan.
Stanislaus (2016)	\$ 290	\$ 579	\$ 782	\$ 782	Stanislaus offers two plans to all of the workforce and one plan specifically to one bargaining unit. One of the two plans offered to the whole workforce is a high deductible and the other is an EPO. The contributions shown here are for the EPO. The plan offered just to one bargaining unit has higher employer contributions.
Tulare (2016)	\$ 280	\$ 340	\$ 340	\$ 370	Tulare Co covers 100% of employee only coverage of the 1000 Ded PPO and it contributes an additional \$60 for children and spouse and an additional \$90 for family.
Madera (2017)	\$ 241	\$ 374	\$ 374	\$ 450	Madera county offers CalPERS coverage. County covers 95% for single member coverage and an additional 50% of the difference for either two party or dependent coverage using the lowest premium rate CalPERS HMO health plan (Excluding Kaiser)
Mariposa (2016)	\$ 231	\$ 231	\$ 231	\$ 231	Mariposa county offers CalPERS plans and contributes \$500/month or \$231/biweekly towards employee healthcare. Under this set up one plan is 100% covered for employee only (United Healthcare). Additionally, the County provides a monthly "Flexible Benefit Allowance" that may be applied toward the cost of any and all qualified non-taxable benefits under the 125 Plan or taken as cash. Employees can also request that the allowance is applied to deferred compensation. The table below reflects the amounts for each group.
Kings (2017)	\$ 187	\$ 341	\$ 341	\$ 513	Kings County covers about 71% of the premium for most of the bargaining units and in the last couple years they have been using reserves to increase those contributions. The amount shown here reflects these contributions. Though there are a couple groups of workers that receive higher contributions.
Fresno (2016)	\$ 233	\$ 328	\$ 328	\$ 333	



Kern County Human Resources

2016 Employee Health Benefits Contributions

Biweekly and annual contribution amounts include medical and prescription coverage, VSP vision coverage, and Liberty Dental DHMO or PPO plan options. Rates shown are the 20% premium contribution paid by most County employees.

	Kern Legacy Health Plan Network Plus		Managed Care Systems EPO* Plan		Kaiser Permanente HMO		Point of Service (POS) Plan	
	Uses Kern Medical hospital and custom, County-owned Kern Health Care Network with traditional Kern Legacy EPO* and <u>new</u> PPO benefits (including San Joaquin Community Hospital). <u>No</u> Out-of-Network benefit.		Uses GEMCare and Delano Regional Medical Group providers with Dignity Health hospitals and facilities. <u>No</u> Out-of-Network benefit.		Uses Kaiser Permanente contracted physicians and facilities including San Joaquin Community Hospital. <u>No</u> Out-of-Network benefit.		Uses Anthem Blue Cross contracted providers. <u>Includes</u> Out-of-Network benefit.	
	PPO Dental	DHMO Dental	PPO Dental	DHMO Dental	PPO Dental	DHMO Dental	PPO Dental	DHMO Dental
	Biweekly (per paycheck)		Biweekly (per paycheck)		Biweekly (per paycheck)		Biweekly (per paycheck)	
Employee only	\$32	\$31	\$43	\$42	\$47	\$45	\$86	\$84
Employee + 1	\$61	\$59	\$80	\$78	\$89	\$87	\$154	\$151
Family (3 or more)	\$89	\$86	\$116	\$113	\$127	\$123	\$222	\$219
	Annual Cost		Annual Cost		Annual Cost		Annual Cost	
Employee only	\$832	\$806	\$1,118	\$1,092	\$1,222	\$1,170	\$2,236	\$2,184
Employee + 1	\$1,586	\$1,534	\$2,080	\$2,028	\$2,314	\$2,262	\$4,004	\$3,926
Family (3 or more)	\$2,314	\$2,236	\$3,016	\$2,938	\$3,302	\$3,198	\$5,772	\$5,694

* Exclusive Provider Organization (EPO) refers to a limited network of providers. EPO plans require that you use in-network providers for services to be covered.



Beginning January 1, 2016, Kern Legacy Health Plan becomes "**Network Plus**" and will offer a new PPO benefit tier with a larger network of providers. The new PPO benefit has a deductible of \$250/individual and \$500/family and 20% coinsurance for services. The current EPO benefit that uses Kern Medical as the primary hospital will still be available to members at little to no out-of-pocket cost. One Plan. *Two options*. Same customer service with a personal touch. A health plan *your way*.

STANISLAUS COUNTY 2015 INSURANCE RATES	WAIVE MEDICAL- SEMI-MONTHLY CREDIT-	REG EMP 23.75	CONF 75.00	MGMNT/DH 75.00
FULL TIME 40 HOUR EMPLOYEES HSA Annual Cont.= EE- \$1200 FAM- \$2000				
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	302.74	287.60	15.14	605.48 617.59
EMPLOYEE + 1	605.48	575.21	30.27	1210.96 1235.18
FAMILY	817.41	776.54	40.87	1634.82 1667.52
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	361.99	289.59	72.40	723.98 738.46
EMPLOYEE + 1	723.98	579.18	144.80	1447.96 1476.92
FAMILY	977.38	781.90	195.48	1954.76 1993.86
OE 3 MED DEN VIS (B03 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	395.00	306.68	88.32	790.00 805.80
EMPLOYEE + 1	790.00	613.14	176.86	1580.00 1611.60
FAMILY	1066.50	838.14	228.36	2133.00 2175.66
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	17.21	13.77	3.44	34.42 35.11
EMPLOYEE + 1	34.42	27.54	6.88	68.84 70.22
FAMILY	58.97	47.18	11.79	117.94 120.30
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	23.94	13.77	10.17	47.88 48.84
EMPLOYEE + 1	47.88	27.54	20.34	95.76 97.68
FAMILY	82.03	47.18	34.85	164.06 167.34
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY COBRA
EMPLOYEE ONLY	4.15	3.32	0.83	8.30 8.47
EMPLOYEE + 1	8.03	6.42	1.61	16.06 16.38
FAMILY	11.33	9.06	2.27	22.66 23.11
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY ANNUAL
REGULAR \$10,000	0.43	0.00	0.22	0.86 10.32
ATTORNEY \$50,000 + AD&D	2.63	0.00	1.32	5.26 63.12
MGMNT \$30,000 + AD&D	1.58	0.00	0.79	3.16 37.92
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY ANNUAL
\$20,000 + AD&D	2.25	2.25	1.13	4.50 54.00
\$30,000 + AD&D	3.38	3.38	1.69	6.76 81.12
\$50,000 + AD&D	5.63	5.63	2.82	11.26 135.12
\$100,000 + AD&D	11.25	11.25	5.63	22.50 270.00
\$150,000 + AD&D	16.88	16.88	8.44	33.76 405.12
\$200,000 + AD&D	22.50	22.50	11.25	45.00 540.00
\$250,000 + AD&D	28.13	28.13	14.07	56.26 675.12
\$300,000 + AD&D	33.75	33.75	16.88	67.50 810.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY ANNUAL
\$20,000 + AD&D	2.25	2.25	1.13	4.50 54.00
\$30,000 + AD&D	3.38	3.38	1.69	6.76 81.12
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY ANNUAL
\$10,000	1.25	1.25	N/A	2.50 30.00

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Tulare County Health Plan Rates 2016
Actives (Bi-Weekly)

9/15/2015

Actives (Bi-Weekly)

Anthem Blue Cross w/Dental PPO					
Plan Name	Medical	Dental PPO	Vision	Employee Rate	Rate+Life
BLUE CROSS \$0 DED PPO					
EMPLOYEE ONLY	392.96	17.72	2.38	413.05	413.80
EMPLOYEE + SPOUSE	785.50	30.71	4.02	820.23	820.98
EMPLOYEE + CHILD(REN)	717.03	34.49	4.26	755.78	756.53
EMPLOYEE + FAMILY	1,190.88	49.12	6.34	1,246.34	1,247.09
BLUE CROSS \$500 DED PPO					
EMPLOYEE ONLY	295.91	17.72	2.38	316.00	316.75
EMPLOYEE + SPOUSE	592.10	30.71	4.02	626.83	627.58
EMPLOYEE + CHILD(REN)	542.30	34.49	4.26	581.04	581.79
EMPLOYEE + FAMILY	933.89	49.12	6.34	989.35	990.10
BLUE CROSS \$1000 DED PPO					
EMPLOYEE ONLY	259.93	17.72	2.38	280.03	280.78
EMPLOYEE + SPOUSE	519.49	30.71	4.02	554.22	554.97
EMPLOYEE + CHILD(REN)	476.67	34.49	4.26	515.41	516.16
EMPLOYEE + FAMILY	791.92	49.12	6.34	847.38	848.13
BLUE CROSS \$2500 DED PPO					
EMPLOYEE ONLY	246.35	17.72	2.38	266.44	267.19
EMPLOYEE + SPOUSE	492.31	30.71	4.02	527.03	527.78
EMPLOYEE + CHILD(REN)	451.73	34.49	4.26	490.47	491.22
EMPLOYEE + FAMILY	750.50	49.12	6.34	805.96	806.71
BLUE CROSS HMO					
EMPLOYEE ONLY	337.85	17.72	2.38	357.95	358.70
EMPLOYEE + SPOUSE	597.49	30.71	4.02	632.22	632.97
EMPLOYEE + CHILD(REN)	527.32	34.49	4.26	566.07	566.82
EMPLOYEE + FAMILY	786.24	49.12	6.34	841.70	842.45

Kaiser Permanente HMO w/Dental PPO					
Plan Name	Medical	Dental PPO	Vision	Employee Rate	Rate+Life
KAISER HMO - LOW PLAN					
EMPLOYEE ONLY	284.22	17.72	-	301.93	302.68
EMPLOYEE + SPOUSE	561.44	30.71	-	592.14	592.89
EMPLOYEE + CHILD(REN)	508.76	34.49	-	543.25	544.00
EMPLOYEE + FAMILY	838.68	49.12	-	887.80	888.55
KAISER HMO - HIGH PLAN					
EMPLOYEE ONLY	366.15	17.72	-	383.87	384.62
EMPLOYEE + SPOUSE	725.33	30.71	-	756.03	756.78
EMPLOYEE + CHILD(REN)	657.08	34.49	-	691.57	692.32
EMPLOYEE + FAMILY	1,084.50	49.12	-	1,133.62	1,134.37

Anthem Blue Cross w/Dental HMO					
Plan Name	Medical	Dental HMO	Vision	Employee Rate	Rate+Life
BLUE CROSS \$0 DED PPO					
EMPLOYEE ONLY	392.96	12.52	2.38	407.85	408.60
EMPLOYEE + SPOUSE	785.50	21.48	4.02	811.00	811.75
EMPLOYEE + CHILD(REN)	717.03	21.63	4.26	742.92	743.67
EMPLOYEE + FAMILY	1,190.88	31.18	6.34	1,228.40	1,229.15
BLUE CROSS \$500 DED PPO					
EMPLOYEE ONLY	295.91	12.52	2.38	310.81	311.56
EMPLOYEE + SPOUSE	592.10	21.48	4.02	617.60	618.35
EMPLOYEE + CHILD(REN)	542.30	21.63	4.26	568.18	568.93
EMPLOYEE + FAMILY	933.89	31.18	6.34	971.40	972.15
BLUE CROSS \$1000 DED PPO					
EMPLOYEE ONLY	259.93	12.52	2.38	274.83	275.58
EMPLOYEE + SPOUSE	519.49	21.48	4.02	544.99	545.74
EMPLOYEE + CHILD(REN)	476.67	21.63	4.26	502.55	503.30
EMPLOYEE + FAMILY	791.92	31.18	6.34	829.44	830.19
BLUE CROSS \$2500 DED PPO					
EMPLOYEE ONLY	246.35	12.52	2.38	261.25	262.00
EMPLOYEE + SPOUSE	492.31	21.48	4.02	517.81	518.56
EMPLOYEE + CHILD(REN)	451.73	21.63	4.26	477.61	478.36
EMPLOYEE + FAMILY	750.50	31.18	6.34	788.02	788.77
BLUE CROSS HMO					
EMPLOYEE ONLY	337.85	12.52	2.38	352.75	353.50
EMPLOYEE + SPOUSE	597.49	21.48	4.02	622.99	623.74
EMPLOYEE + CHILD(REN)	527.32	21.63	4.26	553.21	553.96
EMPLOYEE + FAMILY	786.24	31.18	6.34	823.76	824.51

Kaiser Permanente HMO w/Dental HMO					
Plan Name	Medical	Dental HMO	Vision	Employee Rate	Rate+Life
KAISER HMO - LOW PLAN					
EMPLOYEE ONLY	284.22	12.52	-	296.73	297.48
EMPLOYEE + SPOUSE	561.44	21.48	-	582.92	583.67
EMPLOYEE + CHILD(REN)	508.76	21.63	-	530.38	531.13
EMPLOYEE + FAMILY	838.68	31.18	-	869.85	870.60
KAISER HMO - HIGH PLAN					
EMPLOYEE ONLY	366.15	12.52	-	378.67	379.42
EMPLOYEE + SPOUSE	725.33	21.48	-	746.81	747.56
EMPLOYEE + CHILD(REN)	657.08	21.63	-	678.71	679.46
EMPLOYEE + FAMILY	1,084.50	31.18	-	1,115.67	1,116.42

San Joaquin

**Bi-Weekly Benefit Plan Premiums
Effective June 29, 2015**

Plan Options	County Share 2015-16	Employee's Share 2015-16
Medical Plans		
Select Plan		
Employee only	\$325.51	\$81.38
Employee + 1 dependent	\$651.02	\$162.76
Employee + Family	\$911.40	\$227.89
Premier Plan		
Employee only	\$325.51	\$115.54
Employee + 1 dependent	\$651.02	\$231.08
Employee + Family	\$911.40	\$323.54
Kaiser Permanente		
Employee only	\$243.25	\$60.81
Employee + 1 dependent	\$486.50	\$121.62
Employee + Family	\$688.38	\$172.10
Dental Plans		
Delta Dental with Orthodontia		
Employee only	\$22.69	\$0
Employee + 1 dependent	\$22.69	\$21.54
Employee + Family	\$22.69	\$51.54
Pacific Union Dental		
Employee only	\$10.79	\$0
Employee + 1 dependent	\$10.79	\$9.72
Employee + Family	\$10.79	\$18.30
Vision Plan		
Vision Service Plan		
Employee only	\$2.72	\$0
Employee + 1 dependent	\$2.72	\$2.72
Employee + Family	\$2.72	\$7.04

The new rates will be reflected on your July 3, 2015 paycheck.

Madera County

Monthly Premiums for Contracting Agencies Other Southern California Region

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo,
Santa Barbara, Tulare

Actives and Annuitants
Effective Date: 1/1/2017 - 12/31/2017

Basic Monthly Rate (B)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem HMO Select	\$659.03	478 1	1	\$1,318.06	478 2	2	\$1,713.48	478 3	3
Anthem HMO Traditional	799.15	407 1	1	1,598.30	407 2	2	2,077.79	407 3	3
BSC Access+	778.45	142 1	1	1,556.90	142 2	2	2,023.97	142 3	3
Health Net Salud y Más	473.46	412 1	1	946.92	412 2	2	1,231.00	412 3	3
Health Net SmartCare	537.20	414 1	1	1,074.40	414 2	2	1,396.72	414 3	3
Kaiser Permanente	599.54	308 1	1	1,199.08	308 2	2	1,558.80	308 3	3
PERS Choice	714.43	323 1	1	1,428.86	323 2	2	1,857.52	323 3	3
PERS Select	633.46	082 1	1	1,266.92	082 2	2	1,647.00	082 3	3
PERSCare	802.24	328 1	1	1,604.48	328 2	2	2,085.82	328 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
Sharp	614.46	420 1	1	1,228.92	420 2	2	1,597.60	420 3	3
UnitedHealthcare	549.76	432 1	1	1,099.52	432 2	2	1,429.38	432 3	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Senior Adv	\$300.48	318 1	4	\$600.96	318 2	5	\$901.44	318 3	6
Kaiser Senior Adv/Dental ¹	300.48	492 1	4	600.96	492 2	5	901.44	492 3	6
PERS Choice Med Supp	353.63	333 1	4	707.26	333 2	5	1,060.89	333 3	6
PERS Select Med Supp	353.63	083 1	4	707.26	083 2	5	1,060.89	083 3	6
PERSCare Med Supp	389.76	338 1	4	779.52	338 2	5	1,169.28	338 3	6
PORAC Med Supp	464.00	208 1	4	924.00	208 2	5	1,477.00	208 3	6
UnitedHealthcare Group Med Adv/PPO Health Only	324.21	386 1	4	648.42	386 2	5	972.63	386 3	6
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	324.21	387 1	4	648.42	387 2	5	972.63	387 3	6

Combination Monthly Rate

PLAN	Employee in M & 1 Dependent in B	Plan Code	Party Rate	Employee in M & 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M & 1+ Dependents in B	Plan Code	Party Rate
Kaiser/Senior Adv	\$900.02	343 4	7	\$1,259.74	343 5	8	\$960.68	343 6	9
Kaiser Senior Adv/Dental ¹	900.02	502 4	7	1,259.74	502 5	8	960.68	502 6	9
PERS Choice/Med Supp	1,068.06	348 4	7	1,496.72	348 5	8	1,135.92	348 6	9
PERS Select/Med Supp	987.09	354 4	7	1,367.17	354 5	8	1,087.34	354 6	9
PERSCare/Med Supp	1,192.00	359 4	7	1,673.34	359 5	8	1,260.86	359 6	9
PORAC/Med Supp	1,232.00	158 4	7	1,641.00	158 5	8	1,333.00	158 6	9
UnitedHealthcare Group Med Adv/PPO Health Only	873.97	373 4	7	1,203.83	373 5	8	978.28	373 6	9
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	873.97	374 4	7	1,203.83	374 5	8	978.28	374 6	9

¹Dental benefit is an additional \$14.33 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$27.47 per member per month premium. You will be billed directly for this amount.

MU Between SEIU/COMPA + Madra Co.

Memorandum of Understanding - Professional Unit 2015-2017

- 23.00.00 SAFETY.
- 23.01.00 The EMPLOYER and the COMPA undertake to promote in every way possible the realization and the responsibilities of the individual EMPLOYEE with regard to preventing accidents to themselves or their fellow EMPLOYEES.
- 23.02.00 The EMPLOYER shall comply with all applicable laws and regulations pertaining to occupational safety and health.
- 23.03.00 The EMPLOYER agrees to make all reasonable provisions for safety and health of its EMPLOYEES.
- 23.04.00 In the event any safety or health hazard is detected, it shall promptly be reported to the appropriate supervisor. The EMPLOYER shall remedy the problem as soon as possible and no EMPLOYEE shall be exposed to the unsafe conditions pending its correction.
- 23.05.00 No EMPLOYEE shall be discharged or otherwise disciplined for bringing to the attention of his/her supervisor any unsafe condition that may exist.
- 23.06.00 If the Department Head determines that EMPLOYEE safety requires the carrying of non-lethal chemical agents, the County will provide the necessary training and equipment.
- 23.07.00 Safety Review Committee. The parties agree to the establishment of a Labor/Management Safety Committee to discuss and resolve problems concerning the Health, Safety and Education of County EMPLOYEES. The matters subject to review will include whether safety standards of equipment and clothing utilized by the COUNTY are sufficient to insure the maximum safety of all affected EMPLOYEES. The Committee shall make recommendations to the Board of Supervisors.
- 24.00.00 HEALTH AND WELFARE.
- 24.01.00 The COUNTY agrees to fund and maintain a health benefit program at the contribution rate of 95% for single member coverage and an additional 50% of the difference for either two-party or dependent coverage using the lowest premium rate CalPERS HMO health plan (excluding Kaiser), offered Dental Program and the Vision Service Plan.
- 24.01.01 Should the County provide a higher contribution rate to any other bargaining unit for health insurance coverage, the EMPLOYEES of COMPA shall also receive the higher contribution rate.

County of Kings
Rate Matrix Effective July 1, 2016

		Current 2015/16 Plan Year					Renewal - No EE Increase with Reserve Offset (Overall 4.5%)* 2016/17 Plan Year					
EMPLOYEE CLASS		Employee Share	Reserve Contribution	Employee Total	Employer Share	Total	Employee Share	Reserve Contribution	Employee Total	Employer Share	Total	
MGMT 1	26	0.00	0.00	0.00	545.24	545.24	0.00	0.00	0.00	569.84	569.84	
MGMT 2	52	0.00	0.00	0.00	992.88	992.88	0.00	0.00	0.00	1037.48	1,037.48	
MGMT 3+	93	0.00	0.00	0.00	1494.04	1,494.04	0.00	0.00	0.00	1561.14	1,561.14	
SUPERVISORS 1	14	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
SUPERVISORS 2	19	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
SUPERVISORS 3+	23	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
PROS 1	8	17.72	12.98	30.70	514.54	545.24	17.72	12.30	30.02	539.82	569.84	
PROS 2	7	32.26	23.64	55.90	936.98	992.88	32.26	22.30	54.56	982.92	1,037.48	
PROS 3+	4	48.56	35.56	84.12	1409.92	1,494.04	48.56	33.56	82.12	1479.02	1,561.14	
SHERIFF/DPO 1	41	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
SHERIFF/DPO 2	13	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
SHERIFF/DPO 3+	52	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
FIRE 1	9	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
FIRE 2	10	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
FIRE 3+	28	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
MISC 1	264	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
MISC 2	115	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
MISC 3+	114	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
DET DEP 1	45	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
DET DEP 2	16	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
DET DEP 3+	38	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
BLUE COLLAR 1	12	164.06	12.98	177.04	368.20	545.24	164.06	12.30	176.36	393.48	569.84	
BLUE COLLAR 2	11	298.74	23.64	322.38	670.50	992.88	298.74	22.30	321.04	716.44	1,037.48	
BLUE COLLAR 3+	16	449.56	35.56	485.12	1008.92	1,494.04	449.56	33.56	483.12	1078.02	1,561.14	
KCWMA 1	13	170.60	0.00	170.60	374.64	545.24	182.90	0.00	182.90	386.94	569.84	
KCWMA 2	7	322.44	0.00	322.44	670.44	992.88	344.74	0.00	344.74	692.74	1,037.48	
KCWMA 3+	1	494.58	0.00	494.58	999.46	1,494.04	528.12	0.00	528.12	1033.02	1,561.14	
Ret/COBRA 1	57	545.24	0.00	545.24	0.00	545.24	569.84	0.00	569.84	0.00	569.84	
Ret/COBRA 2	23	992.88	0.00	992.88	0.00	992.88	1037.48	0.00	1037.48	0.00	1,037.48	
Ret/COBRA 3+	7	1,494.04	0.00	1494.04	0.00	1,494.04	1561.14	0.00	1561.14	0.00	1,561.14	
All Others 1	12	179.60	0.00	179.60	365.64	545.24	191.90	0.00	191.90	377.94	569.84	
All Others 2	6	327.06	0.00	327.06	665.82	992.88	349.36	0.00	349.36	688.12	1,037.48	
All Others 3+	11	492.16	0.00	492.16	1001.88	1,494.04	525.70	0.00	525.70	1035.44	1,561.14	
Dental/Vision(for Military Only)												
Employee Only	3	13.14	0.00	13.14	27.96	41.10	13.14	0.00	13.14	27.96	41.10	
Employee + 1	7	24.70	0.00	24.70	52.50	77.20	24.70	0.00	24.70	52.50	77.20	
Family	6	38.84	0.00	38.84	82.58	121.42	38.84	0.00	38.84	82.58	121.42	
TOTALS	1183	3,838,118	232,745	4,070,863	9,486,311	13,557,174	3,884,890	219,866	4,104,756	10,061,246	14,166,002	
Total County of Kings Contribution						\$9,126,717	Total County of Kings Contribution					\$9,689,651

*Projected to use \$632,000 of reserve in addition to reserve offset

MARIPOSA COUNTY SUMMARY OF BENEFITS

KEY: Elected/Appointed Officials (includes Department Heads and Board of Supervisors)

DSA = Deputy Sheriffs' Association

MCMCO = Mariposa County Managerial/Confidential Organization

SEIU = Service Employees International Association

SMA = Sheriff's Management Association

MEDICAL PREMIUMS Effective 1/1/16 County contributes \$500/month to employees who participate

	Anthem HMO Traditional	Blue Shield HMO	Blue Shield NetValue*	Kaiser
Emp. Only	\$710.79	\$654.87	\$666.35	\$605.05
Emp. & 1 Dep.	\$1,421.58	\$1,309.74	\$1,332.70	\$1,210.10
Emp. & 2+ Deps.	\$1,848.05	\$1,702.66	\$1,732.51	\$1,573.13

*Not available in 2017

	PERS Choice	PERS Select	PERS Care	PORAC	United Healthcare
Emp. Only	\$683.71	\$625.20	\$761.50	\$699.00	\$493.99
Emp. & 1 Dep.	\$1,367.42	\$1,250.40	\$1,523.00	\$1,399.00	\$987.98
Emp. & 2+ Deps.	\$1,777.65	\$1,625.52	\$1,979.90	\$1,789.00	\$1,284.37

DENTAL Effective 1/1/16 through 12/31/16

Monthly Dental Premium

\$ 47.80 - single

\$ 86.10 - employee & 1 dependent

\$130.30 - family

County Contribution

\$47.80 (DSA, SMA, MCMCO, SEIU & Elected/Apptd Officials
except Board of Supervisors)

\$41.91 (Board of Supervisors)

VISION Effective 1/1/16 through 12/31/17

Monthly Vision Premium (\$25.00 co-pay)

\$9.70 - employee

\$15.07 - employee & 1 dependent

\$23.90 - family

County Contribution

\$9.70 (DSA, SMA, MCMCO, SEIU & Elected/Apptd Officials
except Board of Supervisors)

\$10.70 (Board of Supervisors)

FLEXIBLE BENEFIT ALLOWANCE

Employees will receive a monthly flexible benefit allowance that may be applied toward the cost of any and all qualified non-taxable benefits under the 125 Plan or taken as cash. Employees can also request that the allowance is applied to deferred compensation. The table below reflects the amounts for each group.

Board of Supervisors	Medical Non-Participant	572.32	DSA	Medical Non-Participant	534.00
	Participant	603.81		Employee Only	447.01
Elected/Apptd Officials except Board	Medical Non-Participant	664.62		Employee +1	535.91
	Participant	690.81		Family	572.01
SMA	Medical Non-Participant	684.62	SEIU	Medical Non-Participant	422.00
	Participant	710.81		Employee Only	238.08
MCMCO	Medical Non-Participant	614.62		Employee +1	398.92
	Participant	640.81		Family	535.01