



Active Employee Biweekly Health and Dental Premiums

Effective July 1, 2020 — June 30, 2021

Copay Plans:

Coinsurance Plans:

| | Kaiser | | | | Cigna OAP-IN | | | | Cigna OAP-IN | | | | Cigna OAP* | | Delta Dental Standard | | Delta Dental Premium | |
|--------------------------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|--|
| | Per Pay Period | | Per Pay Period | | Per Pay Period | | Per Pay Period | | Per Pay Period | | Per Pay Period | | Per Pay Period | | Per Pay Period | | | |
| | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | Employee Contribution | County Contribution | | |
| Full-time (30-40 hours/week) | | | | | | | | | | | | | | | | | | |
| Single | \$ 54.16 | \$ 216.62 | \$ 70.23 | \$ 280.92 | \$ 63.85 | \$ 255.39 | \$ 208.12 | \$ 255.39 | \$ 3.40 | \$ 13.59 | \$ 14.43 | \$ 14.43 | | | | | | |
| Employee + Spouse or Adult Dependent | \$ 142.55 | \$ 427.65 | \$ 179.97 | \$ 539.90 | \$ 163.61 | \$ 490.84 | \$ 459.38 | \$ 490.84 | \$ 8.49 | \$ 25.46 | \$ 28.86 | \$ 28.86 | | | | | | |
| Employee + Child(ren) | \$ 125.59 | \$ 376.76 | \$ 153.63 | \$ 460.88 | \$ 139.67 | \$ 419.02 | \$ 415.27 | \$ 419.02 | \$ 9.24 | \$ 27.73 | \$ 31.43 | \$ 31.43 | | | | | | |
| Family | \$ 206.60 | \$ 619.81 | \$ 263.37 | \$ 790.10 | \$ 239.42 | \$ 718.28 | \$ 672.23 | \$ 718.28 | \$ 12.95 | \$ 38.84 | \$ 44.03 | \$ 44.03 | | | | | | |
| Part-time (20-29 hours/week) | | | | | | | | | | | | | | | | | | |
| Single | \$ 135.39 | \$ 135.39 | \$ 175.58 | \$ 175.58 | \$ 159.62 | \$ 159.62 | \$ 303.89 | \$ 159.62 | \$ 8.50 | \$ 8.50 | \$ 21.65 | \$ 7.22 | | | | | | |
| Employee + Spouse or Adult Dependent | \$ 285.10 | \$ 285.10 | \$ 359.94 | \$ 359.94 | \$ 327.23 | \$ 327.23 | \$ 623.00 | \$ 327.23 | \$ 16.98 | \$ 16.98 | \$ 43.29 | \$ 14.43 | | | | | | |
| Employee + Child(ren) | \$ 251.17 | \$ 251.18 | \$ 307.27 | \$ 307.26 | \$ 279.35 | \$ 279.35 | \$ 554.95 | \$ 279.35 | \$ 18.48 | \$ 18.49 | \$ 47.15 | \$ 15.72 | | | | | | |
| Family | \$ 413.20 | \$ 413.21 | \$ 526.75 | \$ 526.74 | \$ 478.85 | \$ 478.85 | \$ 911.66 | \$ 478.85 | \$ 25.90 | \$ 25.90 | \$ 66.05 | \$ 22.02 | | | | | | |
| Part-time (10-19 hours/week) | | | | | | | | | | | | | | | | | | |
| Single | \$ 189.55 | \$ 81.23 | \$ 245.82 | \$ 105.35 | \$ 223.47 | \$ 95.77 | \$ 367.74 | \$ 95.77 | \$ 11.89 | \$ 5.10 | \$ 25.97 | \$ 2.89 | | | | | | |
| Employee + Spouse or Adult Dependent | \$ 399.14 | \$ 171.06 | \$ 503.91 | \$ 215.96 | \$ 458.12 | \$ 196.34 | \$ 753.89 | \$ 196.34 | \$ 23.76 | \$ 10.19 | \$ 51.95 | \$ 5.77 | | | | | | |
| Employee + Child(ren) | \$ 351.64 | \$ 150.71 | \$ 430.16 | \$ 184.35 | \$ 391.08 | \$ 167.61 | \$ 666.68 | \$ 167.61 | \$ 25.88 | \$ 11.09 | \$ 56.57 | \$ 6.29 | | | | | | |
| Family | \$ 578.49 | \$ 247.92 | \$ 737.43 | \$ 316.04 | \$ 670.39 | \$ 287.31 | \$ 1,103.20 | \$ 287.31 | \$ 36.25 | \$ 15.54 | \$ 79.25 | \$ 8.81 | | | | | | |

* The OAP Plan will be discontinued on December 31, 2020. It will be replaced with a consumer driven health plan, Cigna Choice + HSA, effective January 1, 2021