

HEALTH PLAN CONTRIBUTION RATES DEPUTY SHERIFF'S ASSOCIATION

Effective January 1, 2014

Employee contributions are deducted 24 pay periods per year.

Full Time Employees			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$353.70	\$637.95	\$887.69
Employee Contribution	\$190.46	\$343.51	\$477.98
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$278.30	\$502.42	\$699.19
Employee Contribution	\$149.86	\$270.54	\$376.48
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$235.07	\$465.67	\$657.90
Employee Contribution	\$126.58	\$250.75	\$354.26
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$296.98	\$603.10	\$852.85
Employee Contribution	\$159.91	\$324.75	\$459.22
Note: Employees receive \$4,108 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)			

Part Time Employees (40-63 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$265.28	\$478.46	\$665.76
Employee Contribution	\$278.88	\$503.00	\$699.91
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$208.73	\$376.82	\$524.39
Employee Contribution	\$219.43	\$396.14	\$551.28
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$176.30	\$349.25	\$493.43
Employee Contribution	\$185.35	\$367.17	\$518.73
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$222.74	\$452.33	\$639.63
Employee Contribution	\$234.15	\$475.52	\$672.44
Note: Employees receive \$3,081 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)			

Part Time Employees (32-39 hours per pay period)			
BLUE SHIELD PPO \$200 DEDUCTIBLE PLAN			
	Employee Only	Employee + 1	Family
County Contribution	\$176.85	\$318.98	\$443.84
Employee Contribution	\$367.31	\$662.48	\$921.83
BLUE SHIELD PPO \$1,250 ABHP*			
	Employee Only	Employee + 1	Family
County Contribution	\$139.15	\$251.21	\$349.59
Employee Contribution	\$289.01	\$521.75	\$726.08
KAISER HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$117.54	\$232.84	\$328.95
Employee Contribution	\$244.11	\$483.58	\$683.21
UNITED HEALTHCARE HMO			
	Employee Only	Employee + 1	Family
County Contribution	\$148.49	\$301.55	\$426.42
Employee Contribution	\$308.40	\$626.30	\$885.65
Note: Employees receive \$2,054 over 24 pay periods in Optional Benefits Plan credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)			

These part-time rates apply to employees who became part-time employees after 09/07/91. Those who became part-time employees prior to 09/07/91 contribute as if they were full time.

* Account-Based Health Plan