

2014-15 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 12, 2014*

Coverage Effective July 26, 2014

Plan	Coverage Type	2014-15 Bi-Weekly Rates	2013-14 Bi-Weekly Rates	Difference in Bi-Weekly Premium	Percentage Change from 2013-14
Kaiser	Employee Only	\$269.04	\$257.84	\$11.20	4.34%
	Employee + 1	\$551.91	\$528.84	\$23.07	4.36%
	Employee + 2	\$780.14	\$747.49	\$32.65	4.37%
Blue Shield Signature HMO	Employee Only	\$218.56	\$218.56	\$0.00	0.00%
	Employee + 1	\$435.12	\$435.12	\$0.00	0.00%
	Employee + 2	\$614.86	\$614.86	\$0.00	0.00%
Blue Shield PPO	Employee Only	\$398.43	\$436.58	(\$38.15)	-8.74%
	Employee + 1	\$809.91	\$887.67	(\$77.76)	-8.76%
	Employee + 2	\$1,255.97	\$1,376.67	(\$120.70)	-8.77%
Blue Shield PPO – Needles**	Employee Only	\$449.60	\$492.68	(\$43.08)	-8.74%
	Employee + 1	\$913.71	\$1,001.47	(\$87.76)	-8.76%
	Employee + 2	\$1,414.71	\$1,550.69	(\$135.98)	-8.77%
Cigna Dental HMO	Employee Only	\$9.63	\$9.04	\$0.59	6.13%
	Employee + 1	\$15.51	\$14.50	\$1.01	6.51%
	Employee + 2	\$20.21	\$18.86	\$1.35	6.68%
Cigna Dental PPO	Employee Only	\$24.50	\$24.50	\$0.00	0.00%
	Employee + 1	\$45.67	\$45.67	\$0.00	0.00%
	Employee + 2	\$78.15	\$78.15	\$0.00	0.00%

*Premium rates are pending approval by the Board of Supervisors. Premiums do not include any medical/dental premium subsidies and/or benefit plan dollars you may be eligible for. Please refer to the Benefit Plan Dollars and Premium Subsidies on page 15.

**For employees assigned to work in the Needles, Trona and Baker work locations, the County has established a "Needles Subsidy." The Needles Subsidy is paid by the employee's Department and is equal to the amount of the premium difference between the indemnity health plan offered in these specific work locations and the lowest cost health plan provided by the County.

