

## 2015-16 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 11, 2015\*

Coverage Effective July 25, 2015

Plan	Coverage Type	2015-16 Bi-Weekly Rates	2014-15 Bi-Weekly Rates	Difference in Bi-Weekly Premium	Percentage Change from 2014-15
Kaiser	Employee Only	\$265.67	\$269.04	(\$3.37)	-1.25%
	Employee + 1	\$544.97	\$551.91	(\$6.94)	-1.26%
	Employee + 2	\$770.32	\$780.14	(\$9.82)	-1.26%
Blue Shield Signature HMO	Employee Only	\$225.26	\$218.56	\$6.70	3.07%
	Employee + 1	\$448.51	\$435.12	\$13.39	3.08%
	Employee + 2	\$633.80	\$614.86	\$18.94	3.08%
Blue Shield PPO	Employee Only	\$418.01	\$398.43	\$19.58	4.91%
	Employee + 1	\$849.81	\$809.91	\$39.90	4.93%
	Employee + 2	\$1,317.92	\$1,255.97	\$61.95	4.93%
Blue Shield PPO – Needles**	Employee Only	\$471.71	\$449.60	\$22.11	4.92%
	Employee + 1	\$958.75	\$913.71	\$45.04	4.93%
	Employee + 2	\$1,484.50	\$1,414.71	\$69.79	4.93%
Cigna Dental HMO	Employee Only	\$10.28	\$9.63	\$0.65	6.75%
	Employee + 1	\$16.64	\$15.51	\$1.13	7.29%
	Employee + 2	\$21.71	\$20.21	\$1.50	7.42%
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 you may be eligible for. Please refer to the Premium Subsidies section on page 11.

\*\*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.

**Your benefits are an important part of your compensation package.**