

2020–21 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 4, 2020 | Coverage Effective July 18, 2020

Plan	Coverage Type	2020–2021 Published Bi-Weekly Rates	2019–2020 Published Bi-Weekly Rates	Dollar Change	Percentage (%) Change
Kaiser HMO	Employee Only	\$313.40	\$298.85	\$14.55	4.87%
	Employee + 1	\$624.78	\$595.69	\$29.09	4.88%
	Employee + 2	\$883.21	\$842.05	\$41.16	4.89%
Kaiser Choice HMO	Employee Only	\$272.16	\$259.54	\$12.62	4.86%
	Employee + 1	\$542.31	\$517.07	\$25.24	4.88%
	Employee + 2	\$766.53	\$730.82	\$35.71	4.89%
Blue Shield Signature HMO	Employee Only	\$274.09	\$259.42	\$14.67	5.65%
	Employee + 1	\$546.19	\$516.84	\$29.35	5.68%
	Employee + 2	\$772.03	\$730.51	\$41.52	5.68%
Blue Shield Access+ HMO	Employee Only	\$238.13	\$225.40	\$12.73	5.65%
	Employee + 1	\$474.28	\$448.81	\$25.47	5.68%
	Employee + 2	\$670.28	\$634.24	\$36.04	5.68%
Blue Shield PPO	Employee Only	\$509.02	\$481.68	\$27.34	5.68%
	Employee + 1	\$1,035.30	\$979.58	\$55.72	5.69%
	Employee + 2	\$1,605.82	\$1,519.33	\$86.49	5.69%
Blue Shield Needles PPO*	Employee Only	\$574.48	\$543.61	\$30.87	5.68%
	Employee + 1	\$1,168.08	\$1,105.20	\$62.88	5.69%
	Employee + 2	\$1,808.86	\$1,711.42	\$97.44	5.69%
DeltaCare USA DHMO	Employee Only	\$9.88	\$9.88	\$0.00	0.00%
	Employee + 1	\$15.94	\$15.94	\$0.00	0.00%
	Employee + 2	\$20.77	\$20.77	\$0.00	0.00%
Delta Dental PPO	Employee Only	\$25.09	\$25.39	-\$0.30	-1.18%
	Employee + 1	\$46.80	\$47.37	-\$0.57	-1.20%
	Employee + 2	\$80.11	\$81.10	-\$0.99	-1.22%

**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 (i.e. PPO) 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 total compensation package.