

2020 EMPLOYEE HEALTH PLAN RATE TABLES

With Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	2020 MONTHLY RATE	FULL TIME EMPLOYEES		PART TIME EMPLOYEES	
		MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
WELLWISE CHOICE PPO					
EMPLOYEE ONLY	\$744.32	\$669.90	\$34.35	\$372.17	\$171.76
EMPLOYEE W/ 1 DEPENDENT	\$1,377.01	\$1,032.76	\$158.88	\$516.38	\$397.21
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$1,860.81	\$1,395.61	\$214.71	\$697.81	\$536.77
SHAREWELL CHOICE PPO*					
EMPLOYEE ONLY	\$297.73	\$373.26	(\$34.86)	\$297.73	\$0.00
EMPLOYEE W/ 1 DEPENDENT	\$521.02	\$586.20	(\$30.08)	\$195.39	\$150.29
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$684.78	\$738.99	(\$25.02)	\$256.80	\$197.53
KAISER CHOICE HMO					
EMPLOYEE ONLY	\$547.86	\$493.08	\$25.28	\$273.93	\$126.43
EMPLOYEE W/ 1 DEPENDENT	\$1,095.71	\$821.79	\$126.42	\$410.90	\$316.06
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$1,550.42	\$1,162.82	\$178.89	\$581.41	\$447.23
CIGNA CHOICE HMO					
EMPLOYEE ONLY	\$810.73	\$729.67	\$37.41	\$405.37	\$187.09
EMPLOYEE W/ 1 DEPENDENT	\$1,602.46	\$1,201.85	\$184.90	\$600.92	\$462.25
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$2,229.78	\$1,672.34	\$257.28	\$836.17	\$643.20
CIGNA SELECT HMO					
EMPLOYEE ONLY	\$675.72	\$608.16	\$31.18	\$337.87	\$155.93
EMPLOYEE W/ 1 DEPENDENT	\$1,335.87	\$1,001.90	\$154.14	\$500.95	\$385.34
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$1,859.08	\$1,394.31	\$214.51	\$697.16	\$536.27

* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01, paid January 10, 2020)

2020 EMPLOYEE HEALTH PLAN RATE TABLES

Without Wellness Participation

HEALTH PLAN AND ENROLLMENT STATUS	2020 MONTHLY RATE	FULL TIME EMPLOYEES		PART TIME EMPLOYEES	
		MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
WELLWISE CHOICE					
EMPLOYEE ONLY	\$744.32	\$632.68	\$51.53	\$334.95	\$188.94
EMPLOYEE W/ 1 DEPENDENT	\$1,377.01	\$963.91	\$190.66	\$447.53	\$428.99
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$1,860.81	\$1,302.57	\$257.65	\$604.77	\$579.71
SHAREWELL CHOICE*					
EMPLOYEE ONLY	\$297.73	\$373.26	(\$34.86)	\$297.73	\$0.00
EMPLOYEE W/ 1 DEPENDENT	\$521.02	\$586.20	(\$30.08)	\$195.39	\$150.29
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$684.78	\$738.99	(\$25.02)	\$256.80	\$197.53
KAISER CHOICE HMO					
EMPLOYEE ONLY	547.86	\$465.69	\$37.92	\$246.54	\$139.07
EMPLOYEE W/ 1 DEPENDENT	1,095.71	\$767.00	\$151.71	\$356.11	\$341.35
EMPLOYEE W/ 2 OR MORE DEPENDENTS	1,550.42	\$1,085.30	\$214.67	\$503.89	\$483.01
CIGNA CHOICE HMO					
EMPLOYEE ONLY	\$810.73	\$689.13	\$56.12	\$364.83	\$205.80
EMPLOYEE W/ 1 DEPENDENT	\$1,602.46	\$1,121.73	\$221.88	\$520.80	\$499.23
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$2,229.78	\$1,560.85	\$308.74	\$724.68	\$694.66
CIGNA SELECT HMO					
EMPLOYEE ONLY	\$675.72	\$574.37	\$46.78	\$304.08	\$171.53
EMPLOYEE W/ 1 DEPENDENT	\$1,335.87	\$935.11	\$184.97	\$434.16	\$416.17
EMPLOYEE W/ 2 OR MORE DEPENDENTS	\$1,859.08	\$1,301.36	\$257.41	\$604.21	\$579.17
* County cost includes Sharewell credits (bi-weekly pay credits instead of deductions) (Effective every pay period beginning with pay period 01, paid January 10, 2020)					