



2024-2025 Plan Year Bi-weekly Benefit Plan Rates & Employee Contribution Requirements<sup>1</sup>

Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/24/2024	\$ Change from Current	% Change from Current	EXEC MGMT Employee Pays	CEMA & CONF ADMIN Employee Pays	SEIU & CONF CLERICAL Employee Pays	PROBATION PEACE OFFICERS Employee Pays	E&A Employee Pays
<b>KAISER PERMANENTE HMO</b>									
Employee	\$412.98	\$462.02	\$49.04	11.87%	\$27.72	\$6.73	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$867.26	\$970.24	\$102.98	11.87%	\$58.21	\$14.14	\$13.02	\$13.30	\$13.02
Employee & Children	\$743.36	\$831.64	\$88.28	11.88%	\$49.90	\$12.12	\$11.16	\$11.40	\$11.16
Employee & Family	\$1,197.64	\$1,339.86	\$142.22	11.88%	\$80.39	\$19.52	\$17.98	\$18.37	\$17.98
<b>VALLEY HEALTH PLAN HMO</b>									
Employee	\$528.35	\$558.47	\$30.12	5.70%	\$22.34	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$1,109.54	\$1,172.79	\$63.25	5.70%	\$46.91	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$951.04	\$1,005.25	\$54.21	5.70%	\$40.21	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,532.21	\$1,619.54	\$87.33	5.70%	\$64.78	\$0.00	\$0.00	\$0.00	\$0.00
<b>HEALTH NET POS PLAN</b>									
Employee	\$767.16	\$820.86	\$53.70	7.00%	\$49.25	\$12.85	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,624.29	\$1,737.99	\$113.70	7.00%	\$104.28	\$27.21	\$52.83	\$52.83	\$64.40
<b>DELTA DENTAL PPO PLAN</b>									
Employee & Family	\$54.23	\$54.23	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>LIBERTY DENTAL HMO PLAN</b>									
Employee & Family	\$18.12	\$18.12	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>VISION SERVICE PLAN (VSP)</b>									
Employee & Family	\$4.04	\$4.04	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<sup>1</sup>Rates are subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.



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Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/24/2024	\$ Change from Current	% Change from Current	CORRECTIONAL PEACE OFFICERS Employee Pays	PARK RANGERS Employee Pays	DSA Employee Pays	GAA Employee Pays	CCAA Employee Pays	ESC Employee Pays
<b>KAISER PERMANENTE HMO</b>										
Employee	\$412.98	\$462.02	\$49.04	11.87%	\$0.00	\$6.73	\$0.00	\$7.04	\$9.24	\$6.73
Employee & Spouse	\$867.26	\$970.24	\$102.98	11.87%	\$13.75	\$34.63	\$47.34	\$24.19	\$47.34	\$14.14
Employee & Children	\$743.36	\$831.64	\$88.28	11.88%	\$11.79	\$29.68	\$40.58	\$20.73	\$40.58	\$12.12
Employee & Family	\$1,197.64	\$1,339.86	\$142.22	11.88%	\$18.99	\$47.81	\$65.37	\$33.40	\$65.38	\$19.52
<b>VALLEY HEALTH PLAN HMO</b>										
Employee	\$528.35	\$558.47	\$30.12	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$1,109.54	\$1,172.79	\$63.25	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$951.04	\$1,005.25	\$54.21	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$1,532.21	\$1,619.54	\$87.33	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>HEALTH NET POS PLAN</b>										
Employee	\$767.16	\$820.86	\$53.70	7.00%	\$0.00	\$12.85	\$0.00	\$13.07	\$16.42	\$12.85
Employee & Family	\$1,624.29	\$1,737.99	\$113.70	7.00%	\$64.40	\$57.06	\$120.67	\$85.28	\$120.67	\$27.21
<b>DELTA DENTAL PPO PLAN</b>										
Employee & Family	\$54.23	\$54.23	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>LIBERTY DENTAL HMO PLAN</b>										
Employee & Family	\$18.12	\$18.12	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>VISION SERVICE PLAN (VSP)</b>										
Employee & Family	\$4.04	\$4.04	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<sup>1</sup>Rates are subject to change during the year based on the employees' Memorandum of Agreement or County ordinance.



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Full-Time Active Employees

(Part-time coded employees pay a prorated portion of the premiums)

Benefit Plan & Coverage Level	Current Bi-weekly Rates	New Bi-weekly Rates for Coverage Effective 06/24/2024	\$ Change from Current	% Change from Current	BTC Employee Pays	DAIA Employee Pays	UAPD Employee Pays	VPG Employee Pays	CIR Employee Pays	RNPA Employee Pays
<b>KAISER PERMANENTE HMO</b>										
Employee	\$412.98	\$462.02	\$49.04	11.87%	\$6.73	\$0.00	\$6.73	\$6.73	\$0.00	\$0.00
Employee & Spouse	\$867.26	\$970.24	\$102.98	11.87%	\$14.14	\$47.34	\$14.14	\$14.14	\$0.00	\$13.30
Employee & Children	\$743.36	\$831.64	\$88.28	11.88%	\$12.12	\$40.58	\$12.12	\$12.12	\$0.00	\$11.40
Employee & Family	\$1,197.64	\$1,339.86	\$142.22	11.88%	\$19.52	\$65.37	\$19.52	\$19.52	\$0.00	\$18.37
<b>VALLEY HEALTH PLAN HMO</b>										
Employee	\$528.35	\$558.47	\$30.12	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$98.63	\$0.00
Employee & Spouse	\$1,109.54	\$1,172.79	\$63.25	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$207.11	\$0.00
Employee & Children	\$951.04	\$1,005.25	\$54.21	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$177.51	\$0.00
Employee & Family	\$1,532.21	\$1,619.54	\$87.33	5.70%	\$0.00	\$0.00	\$0.00	\$0.00	\$286.02	\$0.00
<b>HEALTH NET POS PLAN</b>										
Employee	\$767.16	\$820.86	\$53.70	7.00%	\$12.85	\$0.00	\$12.85	\$12.85	\$257.02	\$0.00
Employee & Family	\$1,624.29	\$1,737.99	\$113.70	7.00%	\$27.21	\$129.52	\$27.21	\$27.21	\$414.16	\$19.55
<b>DELTA DENTAL PPO PLAN</b>										
Employee & Family	\$54.23	\$54.23	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>LIBERTY DENTAL HMO PLAN</b>										
Employee & Family	\$18.12	\$18.12	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>VISION SERVICE PLAN (VSP)</b>										
Employee & Family	\$4.04	\$4.04	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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