

# Your County of Alameda 2018 PLAN HIGHLIGHTS

## Healthcare Plans: Premiums

Increases for **Kaiser** medical care premiums are **less than 1%** for the 2018 plan year—and all other increases are **smaller than last year** except for UHC and Vision, which is coming off **three years with zero increase**. Plan designs remained unchanged. These rates, along with comparative plan designs for our Kaiser and UnitedHealthcare plans are shown in the next pages.



## County of Alameda 2018 Benefits Plan Premium Cost

### 2018 MEDICAL PLAN PREMIUMS (SEMI-MONTHLY)

Premium= \$15 Copay Standard= \$40 Copay	FOR ALL EMPLOYEES (except ACMEA Sheriff's Sworn, DSA: Employer Contribution is 90% for the HMO Plans and 90% of the lowest cost HMO for the PPO Plan.				FOR DSA: Employer Contribution is 87.5% for the HMO Plans and 87.5% of the lowest cost HMO for the PPO Plan.			FOR ACMEA SHERIFF'S SWORN EMPLOYEES: Employer Contribution is 85% for the HMO Plans and 85% of the lowest cost HMO for the PPO Plan.		
	Self	Self+1	Family	% Increase from 2017 to 2018	Self	Self+1	Family	Self	Self+1	Family
<b>Kaiser Premium HMO</b>										
County contribution	\$315.01	\$630.02	\$891.49	0.09%	\$306.26	\$612.52	\$866.72	\$297.51	\$595.02	\$841.96
Employee contribution	\$35.00	\$70.00	\$99.05		\$43.75	\$87.50	\$123.82	\$52.50	\$105.00	\$148.58
<b>Kaiser Standard HMO</b>										
County contribution	\$292.78	\$585.56	\$828.57	0.09%	\$284.65	\$569.29	\$805.55	\$276.51	\$553.03	\$782.54
Employee contribution	\$32.53	\$65.06	\$92.06		\$40.66	\$81.33	\$115.08	\$48.80	\$97.59	\$138.09
<b>UHC Premium HMO</b>										
County contribution	\$471.22	\$942.41	\$1333.49	6.63%	\$458.13	\$916.23	\$1296.45	\$445.04	\$890.05	\$1259.41
Employee contribution	\$52.36	\$104.71	\$148.17		\$65.45	\$130.89	\$185.21	\$78.54	\$157.07	\$222.25
<b>UHC Standard HMO</b>										
County contribution	\$421.08	\$842.12	\$1191.59	6.63%	\$409.39	\$818.73	\$1158.49	\$397.69	\$795.34	\$1125.39
Employee contribution	\$46.79	\$93.57	\$132.40		\$58.48	\$116.96	\$165.50	\$70.18	\$140.35	\$198.60
<b>UHC High Deductible PPO</b>										
County contribution	\$315.01	\$630.02	\$891.49	9.80%	\$306.26	\$612.52	\$866.72	\$297.51	\$595.02	\$841.96
Employee contribution	\$1234.57	\$2376.00	\$3354.05		\$1243.32	\$2393.50	\$3378.82	\$1252.07	\$2411.00	\$3403.58

\*For coverage effective 08/01/2018, employees represented by Deputy Sheriffs' Association will be subject to this rate structure.

## OPERATING ENGINEERS (SEMI-MONTHLY)

These rates are for the 2018 Benefits Plan Year and are subject to change without notice or the opportunity to make your enrollment changes for the 2018 Benefits Plan Year. **PLEASE NOTE:** In order to complete your enrollment in these benefits you must complete enrollment in eBenefits and also complete an Operating Engineers paper enrollment form. You can obtain an Operating Engineers paper enrollment form from the EBC. The Operating Engineers paper Enrollment Form needs to be submitted to the EBC by the close of Open Enrollment on October 30, 2017.

	<b>90% COUNTY/10% EMPLOYEE CONTRIBUTION:</b> Eligible groups All ACMEA (except Sheriff's Sworn), ACWFIA and BTC			<b>87.5% COUNTY/12.5% EMPLOYEE CONTRIBUTION</b> Eligible groups : ACMEA Probation Managers and DSA			<b>FOR ACMEA SHERIFF'S SWORN AND DSA* EMPLOYEES:</b> Employer Contribution is 85% for the HMO Plans and 85% of the lowest cost HMO for the PPO Plan.		
	Self	Self+1	Family	Self	Self+1	Family	Self	Self+1	Family
<b>OE3 Kaiser HMO</b>									
County contribution	\$336.39	\$670.57	\$953.43	\$327.64	\$653.07	\$928.66	\$318.89	\$635.57	\$903.90
Employee contribution	\$94.11	\$184.43	\$160.57	\$102.86	\$201.93	\$185.34	\$111.61	219.43	\$210.10
<b>OE3 Anthem Blue Cross PPO (Prudent Buyer)</b>									
County contribution	\$336.39	\$670.57	\$951.00	\$327.64	\$653.07	\$928.66	\$318.89	\$635.57	\$903.90
Employee contribution	\$19.61	35.43	-	\$28.36	\$52.93	\$22.34	\$37.11	\$70.43	\$47.10

## DENTAL PREMIUMS (SEMI-MONTHLY)

100% EMPLOYER PAID

	<b>Delta Dental PPO</b>	<b>Delta Dental PPO Supplement Plan</b>	<b>DeltaCare USA</b>
Employee	\$21.38	\$9.65	\$15.02
Employee + 1	\$40.55	\$18.33	\$25.40
Family	\$61.94	\$27.92	\$38.93

## VSP VOLUNTARY VISION PREMIUMS (SEMI-MONTHLY)

100% EMPLOYEE PAID

	<b>Self</b>	<b>Self+1</b>	<b>Family</b>
Vision Choice Plus	\$3.21	\$6.44	\$10.05
Vision Choice Premium	\$9.10	\$17.16	\$25.22



# Your Voluntary Benefits

Outside of the core Medical and Dental benefits, which the County pays a large share of, you also are eligible for a variety of voluntary employee-paid benefits. Open Enrollment is always a good time to assess/reassess these options. For some benefits, this period is the only time you can elect coverage.

## Supplemental Life/AD&D/STD/LTD

**Your 2018 premium rates are unchanged** for Supplemental Life and Accidental Death & Dismemberment (AD&D) coverages for you and your family—as well as for Short- and Long-Term Disability (STD/LTD).

### BASIC LIFE (SEMI-MONTHLY)

100% EMPLOYER PAID

\$0.02 per \$1,000

**NOTE:** Basic Employee Life is 100% paid for by the County. These coverages **can only be added during Open Enrollment**.

### VOLUNTARY SUPPLEMENTAL LIFE

100% Employee Paid

*Life Premiums Per \$1000*

Less than 30	\$0.0140
30 thru 34	\$0.0165
35 thru 39	\$0.0230
40 thru 44	\$0.0325
45 thru 49	\$0.0545
50 thru 54	\$0.0865
55 thru 59	\$0.1380
60 thru 64	\$0.1855
65 thru 69	\$0.2850
70 and over	\$0.5000

**NOTE:** For BTC, DSA, PPOA, SEIU, Teamsters & UAPD Unrep. Non Mgt.. Only employees are eligible.

**SUPPLEMENTAL SPOUSE LIFE** – Available at above rates for Management only.

**SUPPLEMENTAL CHILD LIFE** – Management only

\$0.065 per \$1,000

### VOLUNTARY EMPLOYEE ONLY AD&D – Management only

\$0.010 per \$1,000

### VOLUNTARY EMPLOYEE + FAMILY AD&D

– Management only

\$0.015 per \$1,000

### STD PREMIUMS

(Per \$100 Covered Payroll)

< 25	\$0.467
25 - 29	\$0.479
30 - 34	\$0.481
35 - 39	\$0.350
40 - 44	\$0.285
45 - 49	\$0.310
50 - 54	\$0.368
55 - 59	\$0.425
60 - 64	\$0.478
65 +	\$0.524

### LTD PREMIUMS

(Per \$100 Covered Payroll)

< 25	\$0.049
25 - 29	\$0.057
30 - 34	\$0.079
35 - 39	\$0.115
40 - 44	\$0.201
45 - 49	\$0.325
50 - 54	\$0.439
55 - 59	\$0.519
60 - 64	\$0.512
65 +	\$0.463

