

2017 Medical Plan Premiums (semi-monthly)

For All Employees (except ACMEA Sheriff's Sworn): Employer Contribution is 90% for the HMO Plans and 90% of the lowest cost HMO for the PPO Plan.

| <i>Premium = \$15 Copay Standard = \$40 Copay</i> | Self | Self+1 | Family | Percentage of Increase 2016 over 2017 |
|---|------------|------------|------------|---------------------------------------|
| Kaiser Premium HMO | | | | 8.22% |
| County contribution | \$312.20 | \$624.40 | \$883.53 | |
| Employee contribution | \$34.69 | \$69.38 | \$98.17 | |
| Kaiser Standard HMO | | | | 8.22% |
| County contribution | \$290.17 | \$580.34 | \$821.18 | |
| Employee contribution | \$32.24 | \$64.48 | \$91.24 | |
| UHC Premium HMO | | | | 0.00% |
| County contribution | \$441.93 | \$883.83 | \$1,250.60 | |
| Employee contribution | \$49.10 | \$98.20 | \$138.96 | |
| UHC Standard HMO | | | | 0.00% |
| County contribution | \$394.90 | \$789.78 | \$1,117.52 | |
| Employee contribution | \$43.88 | \$87.75 | \$124.17 | |
| UnitedHealthcare High Deductible PPO | | | | 9.80% |
| County contribution | \$312.20 | \$624.40 | \$883.53 | |
| Employee contribution | \$1,099.01 | \$2,113.20 | \$2,982.91 | |

DENTAL Plan Premiums (semi-monthly) (100% Employer Paid)

| Delta Dental PPO | | Delta Dental PPO Supplement Plan |
|------------------|---------|----------------------------------|
| EE | \$21.38 | \$9.65 |
| EE+1 | \$40.55 | \$18.33 |
| Family | \$61.94 | \$27.92 |

DeltaCare USA

| | |
|--------|----------|
| EE | \$ 15.02 |
| EE+1 | \$ 25.40 |
| Family | \$ 38.93 |

| VSP Voluntary Vision Premiums <i>(Semi-Monthly)</i> | | | |
|--|-------------|-----------------|---------------|
| | SELF | SELF + 1 | FAMILY |
| Choice Plus | \$3.08 | \$6.19 | \$ 9.66 |
| Choice Premium | \$8.75 | \$16.50 | \$24.25 |

| | |
|---|--------------------|
| Basic Life <i>(100% Employer Paid)</i> | \$0.02 per \$1,000 |
|---|--------------------|

Semi-Monthly Life & Disability Premiums

| Voluntary Supplemental Employee & Spouse 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 |

| | |
|--------------------------------|---------|
| Supplemental Child Life | \$0.065 |
|--------------------------------|---------|

| | |
|---------------------------------------|---------|
| Vol Employee Only AD&D | \$0.010 |
| Vol Employee + Family AD&D | \$0.015 |

| 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 |