



# PART-TIME RATE SHEET

## PLAN YEAR 2020

### BARGAINING UNITS 11, 31, & 42

As of October 8, 2019, the rates below apply to part-time employees in Bargaining Units 11, 25, 31, 40, and 42 employees, as negotiations for Plan Year 2020 have not been completed. Employees may contact their Bargaining Unit Representative for additional information. These rates do not apply to full-time employees who are eligible for health insurance. For a copy of full-time rates, please visit the Open Enrollment website at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment) or contact Employee Benefits.

#### 2019 County Contributions:

- Employee Only: \$159.00
- Plus Spouse: \$214.00
- Plus Child(ren): \$214.00
- Plus Family: \$216.50

## BIWEEKLY PREMIUMS (EMPLOYEE COST)

**How to use this chart:** First, choose your medical/mental health plan. Next, choose your dental plan from the corresponding plan column of your choice. Last, choose the corresponding level of coverage that best meets your needs (employee only, plus spouse, children, or family) to determine your biweekly premium.

|                       | PLAN 1                     |                       | PLAN 2                       |                       | PLAN 3                       |                       |
|-----------------------|----------------------------|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|
| Medical/Mental Health | Kaiser Permanente HMO      |                       | Anthem Blue Cross EPO        |                       | Anthem Blue Cross PPO 250    |                       |
| Prescription          | Kaiser Permanente          |                       | EmpiRx                       |                       | EmpiRx                       |                       |
| Vision                | Kaiser Permanente          |                       | Vision Service Plan (VSP)    |                       | Vision Service Plan (VSP)    |                       |
| Dental Plans          | Delta Dental DPPO          | DeltaCare or USA DHMO | Delta Dental DPPO            | DeltaCare or USA DHMO | Delta Dental DPPO            | DeltaCare or USA DHMO |
|                       | EMPLOYEE COST              |                       | EMPLOYEE COST                |                       | EMPLOYEE COST                |                       |
| Employee Only         | \$268.07                   | \$257.27              | \$268.07                     | \$257.27              | \$423.59                     | \$412.79              |
| Employee + Spouse     | \$550.15                   | \$535.03              | \$550.15                     | \$535.03              | \$989.35                     | \$974.23              |
| Employee + Child(ren) | \$456.55                   | \$446.47              | \$456.55                     | \$446.47              | \$875.59                     | \$865.51              |
| Employee + Family     | \$787.53                   | \$772.41              | \$787.53                     | \$772.41              | \$1,439.85                   | \$1,424.73            |
|                       | PLAN 4                     |                       | PLAN 5                       |                       | PLAN 6                       |                       |
| Medical/Mental Health | Anthem Blue Cross PPO 1000 |                       | Anthem Blue Cross HDPP0 1500 |                       | Anthem Blue Cross HDPP0 3000 |                       |
| Prescription          | EmpiRx                     |                       | Anthem Blue Cross            |                       | Anthem Blue Cross            |                       |
| Vision                | Vision Service Plan (VSP)  |                       | Vision Service Plan (VSP)    |                       | Vision Service Plan (VSP)    |                       |
| Dental Plans          | Delta Dental DPPO          | DeltaCare or USA DHMO | Delta Dental DPPO            | DeltaCare or USA DHMO | Delta Dental DPPO            | DeltaCare or USA DHMO |
|                       | EMPLOYEE COST              |                       | EMPLOYEE COST                |                       | EMPLOYEE COST                |                       |
| Employee Only         | \$282.47                   | \$271.67              | \$244.31                     | \$233.51              | \$176.63                     | \$165.83              |
| Employee + Spouse     | \$692.71                   | \$677.59              | \$612.79                     | \$597.67              | \$476.71                     | \$461.59              |
| Employee + Child(ren) | \$607.03                   | \$596.95              | \$535.03                     | \$524.95              | \$406.15                     | \$396.07              |
| Employee + Family     | \$1,030.89                 | \$1,015.77            | \$920.01                     | \$904.89              | \$722.73                     | \$707.61              |