



# EMPLOYEE RATE SHEET

## PLAN YEAR 2020

BARGAINING UNITS 2, 3, 4, 7, 10, 12, 13, 19, 22, 25, 30, 36, 39, 40, 43, MGT, SMG, & UNR

As of November 5, 2019, the rates below apply to full-time employees in the Bargaining Units listed above. Employees in other Bargaining Units may contact their Bargaining Unit Representative for additional information. These rates do not apply to part-time employees who are eligible for health insurance. For a copy of part-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.

### 2020 County Contributions:

- Employee Only: \$343
- Plus Spouse: \$453
- Plus Children: \$453
- Plus Family: \$458

## 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	\$84.07	\$73.27	\$84.07	\$73.27	\$239.59	\$228.79
Employee + Spouse	\$311.15	\$296.03	\$311.15	\$296.03	\$750.35	\$735.23
Employee + Child(ren)	\$217.55	\$207.47	\$217.55	\$207.47	\$636.59	\$626.51
Employee + Family	\$546.03	\$530.91	\$546.03	\$530.91	\$1,198.35	\$1,183.23
	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	\$98.47	\$87.67	\$60.31	\$49.51	\$0.00	\$0.00
Employee + Spouse	\$453.71	\$438.59	\$373.79	\$358.67	\$237.71	\$222.59
Employee + Child(ren)	\$368.03	\$357.95	\$296.03	\$285.95	\$167.15	\$157.07
Employee + Family	\$789.39	\$774.27	\$678.51	\$663.39	\$481.23	\$466.11