

## 2019 PREMIUM SUBSIDY FOR SEIU AND LIUNA

Monthly Premium Subsidy	Semimonthly Premium Subsidy	Monthly Premium Subsidy	Semimonthly Premium Subsidy
<b>Family Coverage</b>		<b>Two-Party Coverage</b>	
\$100.00	\$50.00	\$25.00	\$12.50

**Health Care Rates for 2018.** Rates are deducted semimonthly (twice a month), which means deductions are taken from your paycheck for 24 pay periods each calendar year. When you receive a third check in a month (the "free" pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums. To see your net out-of-pocket cost for health care coverage, remember to subtract your flex credit (shown above) from the premiums shown on the following page. These rates DO NOT reflect the premium subsidy for SEIU and LIUNA members. Your bargaining unit or employee group determines which medical plans you may choose.

### MEDICAL PLAN ELIGIBILITY

Eligible for County Medical Plans	
Elected Officials	Confidential Employees
SEIU Represented Employees	Unrepresented Employees
LIUNA Represented Employees	Resident Physicians
Management Employees	

### COUNTY PLANS – MEDICAL

	Monthly	Semimonthly
<b>Exclusive Care EPO</b>		
Single	\$587.76	\$293.88
Two-Party	\$1,189.76	\$594.88
Family	\$1,493.76	\$746.88
<b>United Healthcare HMO–Alliance Network</b>		
Single	\$806.64	\$403.32
Two-Party	\$1,640.28	\$820.14
Family	\$2,128.20	\$1,064.10
<b>Kaiser Permanente HMO</b>		
Single	\$668.84	\$334.42
Two-Party	\$1,329.54	\$664.77
Family	\$1,728.28	\$864.14
<b>United Healthcare PPO</b>		
Single	\$1,806.80	\$903.40
Two-Party	\$3,587.14	\$1,793.57
Family	\$4,655.84	\$2,327.92

### COUNTY PLANS – DENTAL

	Monthly	Semimonthly
<b>Local Advantage – Plus</b>		
Single	\$42.00	\$21.00
Two-Party	\$80.00	\$40.00
Family	\$117.00	\$58.50
<b>Local Advantage – Blythe</b>		
Single	\$30.00	\$15.00
Two-Party	\$52.00	\$26.00
Family	\$80.00	\$40.00
<b>DeltaCare USA DHMO – High Option Plan (10A)</b>		
Single	\$22.84	\$11.42
Two-Party	\$33.80	\$16.90
Family	\$52.00	\$26.00
<b>Delta Dental PPO</b>		
Single	\$48.00	\$24.00
Two-Party	\$82.00	\$41.00
Family	\$120.00	\$60.00

### COUNTY PLANS – VISION

	Monthly	Semimonthly
<b>Medical Eye Services Plan 1</b>		
Single	\$9.24	\$4.62
Two-Party	\$13.96	\$6.98
Family	\$18.88	\$9.44
<b>Medical Eye Services Plan 2</b>		
Single	\$7.80	\$3.90
Two-Party	\$12.42	\$6.21
Family	\$17.14	\$8.57